

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 23 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000003625

1. Entity Name
FIREHOUSE SHERIDAN, L.C.

Principal Place of Business
9850-5 SAN JOSE BOULEVARD
JACKSONVILLE FL 32257

Mailing Address
9850-5 SAN JOSE BOULEVARD
JACKSONVILLE FL 32257-5495

2. Principal Place of Business
3410 Kori Rd.
Suite, Apt. #, etc.

3. Mailing Address
3410 Kori Rd.
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip
32257
Country

City & State
Jacksonville, FL
Zip
32257
Country

4. FEI Number
59-3583255

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIREHOUSE OF ARKANSAS, INC.
9850-5 SAN JOSE BOULEVARD
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name
Firehouse of Arkansas, Inc.
Street Address (P.O. Box Number is Not Acceptable)
3410 Kori Rd.
City Jacksonville, FL Zip Code 32257

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME MGRM
STREET ADDRESS FIREHOUSE OF ARKANSAS, INC.
CITY-ST-ZIP 9850-5 SAN JOSE BOULEVARD
JACKSONVILLE FL 32257 ☐ Delete

TITLE
NAME 1
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME Firehouse of Ark. Inc. ☒ Change ☐ Addition
STREET ADDRESS 3410 Kori Rd.
CITY-ST-ZIP Jacksonville, FL 32257

TITLE Pres.
NAME Robin Sorensen ☐ Change ☒ Addition
STREET ADDRESS 3410 Kori Rd.
CITY-ST-ZIP Jacksonville, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000003287680--7
-06/13/00--01090--001
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

SIGNATURE: Robin Sorensen

5/1/00 (904) 886-8300

CR2E083 (9/99)