

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004265

1. Entity Name
GLENER, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -4 PM 1:25

Principal Place of Business
1609 S.E. THIRD AVENUE
OCALA FL 34471

Mailing Address
P.O. BOX 2077
OCALA FL 34478



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0931211

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HODGE, ELIZABETH F
121 N.W. THIRD STREET
OCALA FL 34475-6695~~

← change

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME ROBINSON, CLELL SR.
STREET ADDRESS 2240 S.E. 150TH STREET
CITY-ST-ZIP SOMMERFIELD FL 34491

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

TITLE MGRM ☒ Delete
NAME HODGE, ELIZABETH F
STREET ADDRESS 121 N.W. 3RD STREET
CITY-ST-ZIP Ocala FL 34475

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300003350473--6
CITY-ST-ZIP -08/09/00--01032--005
*****50.00 *****50.00

TITLE MGRM ☐ Delete
NAME WILLIAMS, JAMES H.
STREET ADDRESS 1609 S.E. THIRD AVENUE
CITY-ST-ZIP Ocala FL 34471

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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]

2.29.00

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

Date

Daytime Phone #

CR2E083 (5/00)