

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90592 030 \*\*\*\*50.00

**DOCUMENT # L99000004797**

1. Entity Name

**TRAWICK HOLDINGS, LLC**

Principal Place of Business

1555 SOUTH BLVD.  
 CHIPLEY FL 32428

Mailing Address

P.O. BOX 280  
 CHIPLEY FL 32428

2. Principal Place of Business

3. Mailing Address

**1311 Piney Grove Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Chipley FL**

Zip

Country

**32428**

Country

**USA**

4. FEI Number

**59-3590734**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRAWICK, JAMES L**  
**1555 SOUTH BLVD.**  
**CHIPLEY FL 32428**

7. Name and Address of New Registered Agent

Name **SAME**

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

**1340 PINEY GROVE ROAD**

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR**  
**TRAWICK, JAMES L**  
**1555 SOUTH BLVD**  
**CHIPLEY FL**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR**  
**TRAWICK, JAMES J**  
**1693 HWY 277**  
**CHIPLEY FL 32428**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR**  
**FLOYD, JENEE T**  
**1902 LIMESTONE LANE**  
**CHIPLEY FL 32428**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**1311 PINEY GROVE ROAD**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR**  
**TRAWICK, P. CARLOS**  
**1839 SWEET BAY RD.**  
**CHIPLEY FL 32428**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR**  
**TRAWICK, DOUGLAS H**  
**1620 CANDY KITCHEN**  
**CHIPLEY FL 32428**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR**  
**TRAWICK, KENNETH W**  
**1850 LASTER RD.**  
**CHIPLEY FL 32428**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**357 KELLY PLANTATION DRIVE**  
**DESTIN, FL 32541**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/20/02**

Date

**856.138.9994**

Daytime Phone #

CR2E083 (9/01)