

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005202

1. Entity Name  
BLUE CYPRESS KENNELS, L.C.

FILED

01 APR 20 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
205 S.W. FIRST STREET  
BELLE GLADE FL 33430

Mailing Address  
205 S.W. FIRST STREET  
BELLE GLADE FL 33430



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
P O Box 730  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State  
Belle Glade, FL

4. FEI Number 65-0945931

Applied For  
Not Applicable

Zip Country

Zip Country  
33430 USA

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

NOWICKI, MARK J  
14155 U.S. HIGHWAY ONE, SUITE 302  
JUNO BEACH FL

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 \_\_\_\_\_ (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

10. ADDITIONS/CHANGES

TITLE NAME MGR  
STREET ADDRESS KNIGHT, DOUGLAS  
CITY-ST-ZIP 348 N.W. 50TH DRIVE  
OKEECHOBEE FL 34972 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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: Douglas A. Knight 3/1/01 561-996-6262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0016631 AF  
CP2E083 (11/00)