

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000005631

1. Entity Name

FLORIDA'S NATIVE EXCURSIONS, L.L.C.

00 MAY -6 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4246 SUMMER BREEZE DRIVE
FERNANDINA BEACH FL 32034

Mailing Address

4246 SUMMER BREEZE DRIVE
FERNANDINA BEACH FL 32034-6792



2. Principal Place of Business

3 South 3rd St.

3. Mailing Address

4246 Summer Breeze Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fernandina Bch., FL

City & State

Fernandina Bch., FL

Zip

32034

Country

Nassau

Zip

32034

Country

Nassau

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORDLE, KAREN S

4246 SUMMER BREEZE DRIVE
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

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/MEMBERS

TITLE NAME MGRM NURNEY, KIMBERLY ☐ Delete
STREET ADDRESS 982 WOODSTOCK PLACE
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE NAME MGRM CORDLE, KAREN S ☐ Delete
STREET ADDRESS 4246 SUMMER BREEZE DRIVE
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000003278970--3
CITY-ST-ZIP -06/06/00--01105--013
*****50.00 *****50.00

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

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

TITLE NAME ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #

4-19-00 904-261-6706