

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005631

1. Entity Name

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

Principal Place of Business

3 SOUTH THIRD STREET  
FERNANDINA BEACH FL 32034

Mailing Address

3 SOUTH THIRD STREET  
FERNANDINA BEACH FL 32034

2. Principal Place of Business

3. Mailing Address

4246 Summer Breeze Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

Fernandina Bch

Zip

32034

Country

Nassau

Zip

32034

Country

Nassau

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORDLE, KAREN S  
4246 SUMMER BREEZE DRIVE  
FERNANDINA BEACH FL 32034

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  
STREET ADDRESS 982 WOODSTOCK PLACE  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME  
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CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
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TITLE NAME  
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CITY-ST-ZIP

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

Date

Daytime Phone #

FILED

01 MAY 11 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3640727  
APPLIED FOR

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

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\*\*\*\*\*50.00

4/20/01

904-261-6706