

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005715

1. Entity Name

BUCK KNOB ASSOCIATES, L.L.C.



FILED

03 SEP 30 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

3999 CHICORA WOODS PLACE
JACKSONVILLE FL 32224

Mailing Address

3999 CHICORA WOODS PLACE
JACKSONVILLE FL 32224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3598156

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

TURNER, THOMAS C
3999 CHICORA WOODS PLACE
JACKSONVILLE FL 32224

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	TURNER, SUSAN B	
STREET ADDRESS	3999 CHICORA WOODS PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

TITLE	V	<input type="checkbox"/> Delete
NAME	TURNER, BRETT S	
STREET ADDRESS	720 WATERFORD LANDING RD.	
CITY-ST-ZIP	RICHMOND HILL GA 31324	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/20/03

(404) 992-8828

Date

Daytime Phone #