

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 10 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

L99000006692

THOMAS. & JENNIFER GIBBS THOROUGHbred
RACING, L.L.C.

Principal Place of Business

Mailing Address

820 LUCERNE TERRACE 820 LUCERNE TERRACE
ORLANDO, FL 32801 ORLANDO, FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3603597

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

THOMAS C. GIBBS
820 LUCERNE TERRACE
ORLANDO, FL 32801

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

10.

ADDITIONS/CHANGES

TITLE MGR
NAME GIBBS, THOMAS C.
STREET ADDRESS 820 LUCERNE TERRACE
CITY-ST-ZIP ORLANDO, FL 32801

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100003283899 ☐ Add
-06/09/00--01117--012
*****50.00 *****50.00

TITLE MGR
NAME GIBBS, JENNIFER
STREET ADDRESS 820 LUCERNE TERRACE
CITY-ST-ZIP ORLANDO, FL 32801

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

THOMAS C. GIBBS

4/17/00

407-648-5101

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

Date

Daytime Phone #

CR2E083 (11/99)