

2001 UNIFORM BUSINESS REPORT (UBR)

0006330 AF

DOCUMENT # L99000006692

1. Entity Name
THOMAS & JENNIFER GIBBS THOROUGHbred RACING, L.L

FILED

01 JAN 18 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
820 LUCERNE TERRACE
ORLANDO FL 32801

Mailing Address
820 LUCERNE TERRACE
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIBBS, THOMAS MD
6000 DOWN POIN LANE
WINDERMERE FL 34786

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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
GIBBS, THOMAS MD
820 LUCERNE TERRACE
ORLANDO FL 32801 ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
900003568499--3
-01/23/01--01102--015

TITLE
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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 GIBBS

Date

Daytime Phone #

1/15/01 407-648-5101

CR2E083 (11/00)