

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90022 048 \*\*\*\*50.00

**DOCUMENT # L99000008405**

1. Entity Name  
**BAY GROVE TRAINING CENTER, LLC**



Principal Place of Business  
**6825 S.W. 66TH STREET  
OCALA FL 34477**

Mailing Address  
**PO BOX 770549  
OCALA FL 34477**

**30143303**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

**6555 SW 73 St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Ocala FL**

4. FEI Number **59-3616847**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34476**

**marion**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LIGHTNER, MICHAEL O  
6825 SW 66 STREET  
OCALA FL 34476**

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
LIGHTNER, MICHAEL  
6825 SW 66ST STREET  
OCALA FL 34476** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Mark E Casse  
6555 SW 73<sup>RD</sup> Street  
Ocala FL 34476** ☐ Change ☒ Addition

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

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

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

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

TITLE  
NAME  
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:**

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

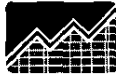
Date

Daytime Phone #

**7-10-03**

CR2E083 (10/02)

*Attachment*  
**DUGGAN, JOINER & COMPANY**  
CERTIFIED PUBLIC ACCOUNTANTS



MALCOLM R. DUGGAN, JR., RETIRED  
CHARLES D. JOINER, JR., 4/23/28-12/12/00  
WAYNE J. BIRKENMEYER, C.P.A.\*  
FRANK E. STAFFORD, JR., C.P.A.\*  
EDWARD J. FURMAN, C.P.A.\*  
O.H. DANIELS, JR., C.P.A.\*, CFP  
R. PHILLIP BLEDSOE, C.P.A.\*, CFP  
CAROLE A. WRIGHT, C.P.A.\*  
ANNETTE C. FURMAN, C.P.A.\*

334 N.W. THIRD AVENUE • OCALA, FLORIDA 34475  
PHONE (352) 732-0171 • FAX (352) 867-1370  
WWW.DJCoCPA.COM

*Members*  
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS  
\* REGULATED BY THE STATE OF FLORIDA

LAURA J. ALLEN, C.P.A.\*, CFP  
JAMIE S. HAMPY, C.P.A.\*  
PATRICIA A. LANCASTER, C.P.A.\*, CFP

JULIE A. POOLE, C.P.A.\*  
LEIGH ANN SAPUTO, C.P.A.\*  
SHEILA A. BARTCZAK, C.P.A.\*  
GWYNNE M. LEWIS, C.P.A.\*  
JEREMY P. APPLIGATE, C.P.A.\*

July 14, 2003

90143503  
#L99000008405

Uniform Business Report  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314-6478

RE: Bay Grove Training Center, LLC  
FEI: 59-3616847  
2003 UBR Report

To Whom It May Concern:

Please find enclosed the 2003 Uniform Business Report and a check for \$50.00 to pay the annual fee for Bay Grove Training Center, LLC. We ask that you accept this report as timely filed and offer the following explanation:

The taxpayer brought their UBR Form into our office along with their other tax documents so that we could prepare the necessary returns. The UBR form got mixed in with some of their other tax papers and our office inadvertently overlooked it. As soon as we discovered that the form had not been filed, we brought it to our client's attention and prepared the form for filing with the State.

Since the error was due to an oversight in our office and not intentional neglect of the taxpayer to file their annual report, we respectfully request that you accept this form as timely filed. We thank you in advance for your consideration in this matter.

Please feel free to contact me if you have any questions.

Most sincerely,

*Annette C. Furman*

Annette C. Furman  
Certified Public Accountant

ACF/dm

Enclosures

cc: Bay Grove Training Center, LLC