

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90011 049 ****50.00

DOCUMENT # L99000008435

1. Entity Name

THREE B'S GROVES, LIMITED LIABILITY COMPANY

Principal Place of Business

**812 N.E. 8TH STREET
 FT. MEADE FL 33841**

Mailing Address

**812 N.E. 8TH STREET
 FT. MEADE FL 33841**

2. Principal Place of Business

FT MEADE 71A
 Suite, Apt. #, etc.

3. Mailing Address

812 NE 8th St.
 Suite, Apt. #, etc.

City & State

FT MEADE 71A
 Zip **33841** Country **FLK**

City & State

FT MEADE 71A
 Zip **33841** Country **USA**

4. FEI Number

65-0109222

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ARTMAN, STEPHEN H.
 908 SOUTH FLORIDA AVENUE
 COLONIAL BLDG., STE. 202
 LAKELAND FL 33803**

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.

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **BEVIS, HIGH**
 STREET ADDRESS **812 N.E. 8TH STREET**
 CITY-ST-ZIP **FT. MEADE FL 33841**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 REQUIRED

2/14/01

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

Date

Daytime Phone #

CR2E083 (9/01)