

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008684

1. Entity Name

RETSO'S GOLD MINE, L.C.

Principal Place of Business

123 GULF BEACH DRIVE WEST  
ST. GEORGE ISLAND FL 32328

Mailing Address

123 GULF BEACH DRIVE WEST  
ST. GEORGE ISLAND FL 32328

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 26 PM 3:47



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

DRYE, ROSE  
123 GULF BEACH DRIVE WEST  
ST. GEORGE ISLAND FL 32328

Name

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

City

FL

ZIP

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

*Rose Dnye*

(NOTE: Registered Agent signature required when reinstating)

DATE

9-24-01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 26, 2001

500004616415--3  
-09/28/01--01051--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DRYE, ROSE<br>564 WEST PINE AVENUE<br>ST. GEORGE ISLAND FL 32328           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DRYE, BRUCE<br>564 WEST PINE AVENUE<br>ST. GEORGE ISLAND FL 32328          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DURHAM, JAMES<br>305 LAND STREET<br>ST. GEORGE ISLAND FL 32328             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DURHAM, PATRICIA<br>305 LAND STREET<br>ST. GEORGE ISLAND FL 32328          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KRONITZ, BETH<br>781-A GULF BEACH DRIVE WEST<br>ST. GEORGE ISLAND FL 32328 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MIRABELLA, ALFIA JR<br>64 AVENUE D<br>APALACHICOLA FL 32320                | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

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

*Rose Dnye*

9-24-01

850-  
653-2555

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

Date

Daytime Phone #

0001489

CR2E083 (5/01)

STAPLE CHECK HERE