

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009226

1. Entity Name

MIKE ANDERSON THOROUGHBREDS LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 PM 1:29

Principal Place of Business

4301 EAST MARKET ST
LOGANSPORT, IN
46947

Mailing Address

4301 E MARKET ST
P.O. BOX 179
LOGANSPORT, IN
46947

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
Florida Employer ID number

4. FEI Number

35-2087153

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

E.T. CORPORATION
1200 S PINE ISLAND RD.
PLANTATION, FLORIDA
33324

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 PRES. "MGRM" ☐ Delete
NAME MICHAEL C ANDERSON
STREET ADDRESS 4301 E MARKET ST PO BOX 179
CITY-ST-ZIP LOGANSPORT, IN 46947

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

TITLE KIMBERLY K ANDERSON "MGRM" ☐ Delete
NAME
STREET ADDRESS 4301 E MARKET ST
CITY-ST-ZIP LOGANSPORT, IN 46947

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

MICHAEL C ANDERSON

3-17-00

219

753 6285

CR2E063 (11/99)