

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L99000009334

1. Entity Name

CELEBRATION CAKES, L.L.C.

00 JUN 21 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

14100 Walsingham Rd S

3. Mailing Address

14100 Walsingham Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 34

Suite 34

City & State

City & State

Largo, Florida

Largo, Florida

Zip

Zip

33774

33774

Country

Country

Pinellas

Pinellas

6. Name and Address of Current Registered Agent

4. FEI Number

59-3616217

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

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**

9. MANAGING MEMBERS/MEMBERS

TITLE Owner  
NAME Bonnie Lee Yarbrough MGR  
STREET ADDRESS 2075 Attache Court  
CITY-ST-ZIP Clearwater, FL 33764

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900003301939--0  
-06/23/00--01002--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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TITLE  
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:

Bonnie Lee Yarbrough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5/30/00

Date

727-517-7260

Daytime Phone #

CR2E083 (1/199)