

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90577 037 ****50.00

DOCUMENT # M000000000 95

1. Entity Name

Douglas Family, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6730 Epping Forest Way N.

3. Mailing Address

6730 Epping Forest Way N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Villa 104

Villa 104

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32217

US

32217

US

4. FEI Number

59-3614572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Blackburn, Dennis L.

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

6620 Southpoint Dr. South, Ste. 200

Southpoint Building

City

Jacksonville,

FL

Zip Code

32216

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
Douglas, T. O'Neal
6730 Epping Forest Way N. Villa 104
Jacksonville, FL 32217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
Douglas, Alice B
6730 Epping Forest Way N. Villa 104
Jacksonville, FL 32217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E083B (12/01)

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:

John W. Rames, Jr. CPA 4/30/02 904-246-9333

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

Date

Daytime Phone #