

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000215

1. Entity Name  
TOWN STAR FOOD STORES, LLC

FILED

01 MAR 12 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2178 RESERVE PARK TRACE  
PORT ST. LUCIE FL 34986

Mailing Address  
2178 RESERVE PARK TRACE  
PORT ST. LUCIE FL 34986



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9250 Baymeadows

Suite, Apt. #, etc.

220

City & State

Jacksonville FL

Zip 32256

Country USA

3. Mailing Address

9250 Baymeadows

Suite, Apt. #, etc.

220

City & State

Jacksonville FL

Zip 32256

Country USA

4. FEI Number 65-0713942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WODRICH, MICHAEL A  
ROGERS TOWERS BAILEY JONES & GAY  
1301 RIVERPLACE BLVD., SUITE 1500  
JACKSONVILLE FL 32207

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 NAME MGRM  
STREET ADDRESS CAVCO OF NORTH FLORIDA, INC.  
CITY-ST-ZIP 9250 BAYMEADOWS ROAD, SUITE 220  
JACKSONVILLE FL 32256 ☐ Delete

TITLE NAME MGR  
STREET ADDRESS STEVEN R. CANN  
CITY-ST-ZIP 9250 Baymeadows Rd Suite 220  
JACKSONVILLE FL 32256 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME MGR  
STREET ADDRESS STEVEN R. CANN  
CITY-ST-ZIP 9250 Baymeadows Rd Suite 220  
JACKSONVILLE FL 32256 ☐ Change ☒ Addition

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
400003853844-9  
-03/15/01--01047--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

*[Signature]* SIGNATURE REQUIRED

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

3/15/01

Date

561-461-4900

Daytime Phone #

CR2E083 (11/00)