

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000215

1. Entity Name

TOWN STAR FOOD STORES, LLC

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91533 018 ****50.00

867433



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9250 BAYMEADOWS, SUITE 220
JACKSONVILLE FL 32256

Mailing Address

9250 BAYMEADOWS, SUITE 220
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CARN, STEVEN R ☐ Delete
9250 BAYMEADOWS ROAD, SUITE 220
JACKSONVILLE FL 32256

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

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

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 REQUIRED

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

Date

Daytime Phone #

5/1/2002

CR2E083 (9/01)