

2001 UNIFORM BUSINESS REPORT (UBR)

0026741 AF

DOCUMENT # M00000000596

1. Entity Name
FRED GORSLINE STABLES LLC

FILED

01 APR -2 PM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

~~338 DEER TRACK LANE~~
VALLEY COTTAGE NY 10988

Mailing Address

~~338 DEER TRACK LANE~~
VALLEY COTTAGE NY 10988

2. Principal Place of Business

58 HARBOR COVE
Suite, Apt. #, etc.

3. Mailing Address

58 HARBOR COVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PIERMONT NY

Zip
10968

Country
USA

City & State
PIERMONT NY

Zip
10968

Country
USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KILGORE, JANE
7090 LONE OAK BLVD
NAPLES FL 34109

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

500003992645--1
-04/11/01--01097--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
FRED GORSLINE - ~~MANAGER~~
58 HARBOR COVE MGRM
PIERMONT NY 10968

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
BRENDA GORSLINE - ~~MANAGER~~
338 DEER TRACK LANE
VALLEY COTTAGE NY 10988 MGR

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

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

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

2-8-01

212 495-0500

Date

Daytime Phone #

CR2E083 (11/00)