

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002696

1. Entity Name

CASTLE BERNE, LLC

Principal Place of Business

310 BROAD ST.  
P.O. BOX 889  
NEW BERN NC 28563

Mailing Address

310 BROAD ST.  
P.O. BOX 889  
NEW BERN NC 28563

FILED

01 JUL 20 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

NOT APPLICABLE

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

BURPEE, JOHN  
3325 66TH STREET NORTH  
ST PETERSBURG FL 33710

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  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME Jimmie B. Hicks, Jr. MGRM ☐ Delete  
STREET ADDRESS P.O. Box 889  
CITY-ST-ZIP New Bern, NC 28563

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

TITLE  
NAME Noah McKimney Seymore, III MGRM ☐ Delete  
STREET ADDRESS 3422 Stratford Road  
CITY-ST-ZIP New Bern, NC 28562

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 100004509611-1  
CITY-ST-ZIP -07/31/01--01053--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME Calvin G. Warren, Jr. MGRM ☐ Delete  
STREET ADDRESS 4507 Monks Court  
CITY-ST-ZIP New Bern, NC 28562

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

TITLE  
NAME Kenneth F. Crow MGRM ☐ Delete  
STREET ADDRESS 212 Nydegg Road  
CITY-ST-ZIP New Bern, NC 28562

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

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

6/27/01

(252)633-3131

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)