

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000000001

1. Entity Name

CF MARTIN SULPHUR, L.L.C.

Principal Place of Business

Mailing Address

01 JUN 28 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

4200 Stone Road

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 191

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Kilgore, TX

City & State

Kilgore, TX

4. FEI Number

51-0403897

Applied For

Not Applicable

Zip  
75662

Country  
USA

Zip  
75663

Country  
USA

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

CT Corporation System  
1200 Pine Island Road  
Plantation, FL 33324

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

700004469627--9

-07/11/01--01063--024

\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

Manager  
Ruben S. Martin, III  
4200 Stone Road  
Kilgore, TX 75662

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

Manager  
Robert D. Bondurant  
4200 Stone Road  
Kilgore, TX 75662

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

Manager  
John H. Sultenfuss  
One Salem Lake Road  
Long Grove, IL 60047

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

Manager  
Stephen R. Wilson  
One Salem Lake Road  
Long Grove, IL 60047

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Manager

4/17/01

903-983-6250

Date

Daytime Phone #

CR2E083 (1/1/00)