

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90761 013 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M01000000465

1. Entity Name
BBC DISTRIBUTION, LLC



30058682

Principal Place of Business
PO BOX 2299
426 NORTH MAIN
ELKHART, IN 46516

Mailing Address
PO BOX 2299
426 NORTH MAIN
ELKHART, IN 46516

2. Principal Place of Business
501 Avenue R Southwest
Suite, Apt. #, etc.

3. Mailing Address
PO Box 1056
Suite, Apt. #, etc.
426 N Main St

City & State
Winter Haven FL

City & State
Elkhart IN

Zip
33880

Country
USA

Zip
46515-1056

Country
USA

4. FEI Number
35-2131007

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NGC INVESTMENTS, LLC
2001 REXFORD ROAD
CHARLOTTE, NC 28211** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BANKS CORPORATION
426 NORTH MAIN
ELKHART, IN 46516** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BBC INVESTMENTS LLC
426 NORTH MAIN STREET
ELKHART, IN 46516** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HARDIN, DAN R
1945 PRECINCT LINE RD STE 217
HURST, TX 76054** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LEDBETTER, DALE
1945 PRECINCT LINE RD STE 217
HURST, TX 76054** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

4/16/03

Date

574 389-5400

Daytime Phone #

CR2E083 (10/02)