

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90232 048 \*\*\*\*50.00

**DOCUMENT # M98000001222**

1. Entity Name  
**BAREFOOT'N DEVELOPMENT COMPANY, L.L.C.**



Principal Place of Business  
**5770 WEST IRLO BRONSON HWY  
SUITE 142  
KISSIMMEE FL 34746  
US**

Mailing Address  
**5770 WEST IRLO BRONSON HWY  
SUITE 142  
KISSIMMEE FL 34746  
US**

2. Principal Place of Business  
**2750 Florida Plaza Blvd**  
Suite, Apt. #, etc.  
—

3. Mailing Address  
**2750 Florida Plaza Blvd.**  
Suite, Apt. #, etc.  
—

City & State  
**Kissimmee, FL**

City & State  
**Kissimmee, FL**

4. FEI Number **59-3535899**

Applied For  
☐ Not Applicable

Zip  
**34746**  
Country  
**U.S.**

Zip  
**34746**  
Country  
**U.S.**

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

**6. Name and Address of Current Registered Agent**

**STADELMAN, H. JAMES  
604 COURTLAND ST., STE 100  
ORLANDO FL 32804**

**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  
**MGR**  
NAME  
**SPRINGER, JOHN E**  
STREET ADDRESS  
**5770 WEST IRLO BRONSON HIGHWAY, SUITE 142**  
CITY-ST-ZIP  
**KISSIMMEE FL 34746**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**10. ADDITIONS/CHANGES**

TITLE  
**MGR**  
NAME  
**SPRINGER, JOHN E.**  
STREET ADDRESS  
**2750 FLORIDA PLAZA BLVD.**  
CITY-ST-ZIP  
**KISSIMMEE, FL 34746**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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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 REQUIRED**

**3-25-03**

**407-397-1144**

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

Date

Daytime Phone #

CR2E083 (10/02)