

2001 UNIFORM BUSINESS REPORT (UBR)

0028918 AF

DOCUMENT # M99000000777

1. Entity Name
FREEZING IN FLORIDA, LLC

FILED

01 FEB 26 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6300 SOUTH SYRACUSE WAY, SUITE 300
ENGLEWOOD CO 80111

Mailing Address
6300 SOUTH SYRACUSE WAY, SUITE 300
ENGLEWOOD CO 80111

2. Principal Place of Business
1110 County Line Rd.
Suite, Apt. #, etc.

3. Mailing Address
1110 County Line Rd.
Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State
Lakeland, FL

Zip Country
33815 US

Zip Country
33815 US

4. FEI Number
84-1502240

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EASTERLING, JACOB
2802 SUGAR RIDGE WAY
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name
Pam Tushaus

Street Address (P.O. Box Number is Not Acceptable)
1110 County Line Rd.

City Lakeland FL Zip Code 33815

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 *Pam Tushaus* *Pam Tushaus, Controller* 2-22-01
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

000003784050--1
-02/27/01--01148--023
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME CRL, INC.
STREET ADDRESS 6300 S. SYRACUSE WAY, SUITE 300
CITY-ST-ZIP ENGLEWOOD CO 80111 ☐ Delete

TITLE MGR
NAME EASTERLING, JACOB
STREET ADDRESS 2802 SUGAR RIDGE WAY
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *Jacob Easterling* 2-22-01 863.682-1442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)