

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001073

1. Entity Name  
CFL, L.L.C.

FILED

00 JAN 28 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
725 NORTH DERBY LANE  
NORTH SIOUX CITY SD 57049

Mailing Address  
725 NORTH DERBY LANE  
NORTH SIOUX CITY SD 57049-3020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

46-0448210

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
JONES, TIMOTHY  
725 NORTH DERBY LANE  
NORTH SIOUX CITY SD 57049

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

500003121165  
-02/02/00--01082--021  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
MARSH, ALLEN J  
9915 S 148TH ST  
OMAHA NE 68145

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
SAPP, WILLIAM D  
9915 S 148TH ST  
OMAHA NE 68145

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
JONES, KATHLEEN S  
725 NORTH DERBY LANE  
NORTH SIOUX CITY SD 57049

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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☐ 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:

*Kathleen Jones*

REQUIRED

1-12-00

605-232-0262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

check 000-1105 1/13/00