

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90230 018 \*\*\*\*50.00

**DOCUMENT # M99000001198**

1. Entity Name

**BIBLE FACTORY OUTLET, LLC**

Principal Place of Business

688 AL HIGHWAY 75 NORTH  
 ALBERTVILLE AL 35951

Mailing Address

688 AL HIGHWAY 75 NORTH  
 ALBERTVILLE AL 35951

2. Principal Place of Business

5401 W. Oakridge Rd.

Suite, Apt. #, etc.

Suite # 39

City & State

Orlando, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

32819

US

Zip

Country

32819

US

6. Name and Address of Current Registered Agent

**SIMMONS, BILL**  
**5401 WEST OAKRIDGE RD**  
**MALL I SPACE 95-A**  
**ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name **Bill Simmons**

Street Address (P.O. Box Number is Not Acceptable)

5401 West Oakridge Rd.

Suite # 39

City

Orlando

FL

Zip Code  
 32819

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 **Bill Simmons**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/02

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SIMMONS, BILL	
STREET ADDRESS	688 AL HWY 75 N	
CITY-ST-ZIP	ALBERTVILLE AL 35951	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GREENWOOD, SAM	
STREET ADDRESS	501 ELIZABETH STREET	
CITY-ST-ZIP	BOAZ AL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED** **Bill Simmons**

1/23/02

256-878-4419

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

Date

Daytime Phone #

CR2E083 (9/01)