

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91215 004 ****50.00

DOCUMENT # M99000001883

1. Entity Name

BLUEWATER BAY CONVENIENCE STORE, LLC

Principal Place of Business

4365 HIGHWAY 20 EAST
NICEVILLW FL 32578

Mailing Address

4365 HIGHWAY 20 EAST
NICEVILLW FL 32578

2. Principal Place of Business

3. Mailing Address

112 Sheffield Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite D.

City & State

City & State

Hattiesburg, MS

Zip

Country

Zip

Country

39402 - LAMAR

4. FEI Number

64-0898722

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
YORK, BENNETT V
112 SHEFFIELD LOOP, SUITE D
HATTIESBURG MS 39402 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
YORK, BENNETT V JR.
112 SHEFFIELD LOOP, SUITE D
HATTIESBURG MS 39402 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
YORK-LOSEE, PAIGE
112 SHEFFIELD LOOP, SUITE D
HATTIESBURG MS 39402 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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

Date

Daytime Phone #

CR2E083 (9/01)