2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M9900002000					FILED RETARY OF STATE IN OF CORPORATIONS			=	
BLOOMIN	IGDALE KUMON CE	ENTER, LLC							
Principal Plac	e of Rusiness	Mailing Address		00 N	OV 14 AM 11:05		^		
Principal Place of Business 3821 COLD CREEK DRIVE VALRICO FL 33594 Mailing Address 3821 COLD CREEK DRIVE VALRICO FL 33594 VALRICO FL 33594							f		
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Principal Place of Business 3. Mailing Address									
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			fumber 59-3610593		oplied For ot Applicable	-	
Zip	Country	Zip	Country	5. Certi	ficate of Status Desired	\$5.00 Add			
	- 6. Name and Address o	f Current Registered Agent -	Nio		e and Address of New Registered	Agent		┨	
MANDRY, KATHERINE				Name Street Address (P.O. Box Number is Not Acceptable)					
3821 COLD CREEK DRIVE VALRICO FL 33594									
VALRICO FE 33394			City	,	FL	Zip Cod	е	1	
8. The above	named entity submits this st	atement for the purpose of changing its	registered offi	ce or registered agent,	or both, in the State of Florida.			1	
SIGNATURE .					ng) DATE				
	Signature, typed or printed name of reg	istared agent and title if applicable. (NO:E	: Hegistered Agent	signature required when reinstat	ng) DATE			1	
			W!!! FEE	IS \$50.00 partment of State	-			-	
			- -		450/7/04/0/(01/44/05/			-	
9. πιε	Executive Dire	G MEMBERS/MANAGERS	10.		ADDITIONS/CHANGES	Change	Addition	ବ୍ୟ	
NAME	Katherne W.	Manary	NAME	Katherin	e Mandry, MGR		_	30	
STREET ADDRESS		sek Drive	STREET ADD	3821 CO	ld Creek Drive			R2E083 (5/00)	
CITY-ST-ZIP	Yatrico FL.	33599	CITY-ST-ZIF	Valrice	PL 33594	Change	Addition	┦፳	
TITLE NAME		Delete	NAME			☐ Change	Addition	1	
STREET ADDRESS			STREET ADD	RESS					
CITY-ST-ZIP			CITY-ST-ZIF		200003475 -11/28 <u>/</u> 00	SHE		 	
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CITY-ST-ZIP			CITY-ST-21F					1	
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STREET ADDRESS CITY-ST-ZIP	4		STREET ADDI	i i					
TITLE	, a	☐ Delete	TITLE			☐ Change	☐ Addition	1	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDI						
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING/SIEWSER OR MANAGER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING/SIEWSER OR MANAGER Date Date Descriptions of Date Descriptions o									
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