

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002490**

1. Entity Name
DO-LITTLE FARM, L.C.

FILED

00 JAN 19 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9580 N.W. HIGHWAY 225A
OCALA FL ~~3447~~ **34482**

Mailing Address
P.O. BOX 770481
OCALA FL 34477-0481



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3541122

Applied For
Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNIADCKY, EMILY
9580 N.W. HIGHWAY 225A
OCALA FL ~~3447~~ **34482**

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 _____ (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 Change Addition

TITLE NAME Delete
MGRM SNIADCKY, EMILY
STREET ADDRESS **9580 N.W. HIGHWAY 225A**
CITY-ST-ZIP **OCALA FL ~~3447~~ 34482**

TITLE NAME Change Addition
200003112352--1
-01/27/00--01019-029 Addition
*******50.00 *****50.00**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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: *Emily Sniadcky* **SIGNATURE REQUIRED** 1-12-00 352-402-9160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #