

# 2001 UNIFORM BUSINESS REPORT (UBR)

1009102 AF

DOCUMENT # A01874

1. Entity Name

BIG BEND FARMS, LTD.

FILED

00 FEB 22 PM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2560 BARNETT PLAZA  
101 E. KENNEDY BLVD.  
TAMPA FL 33602

Mailing Address

2560 BARNETT PLAZA  
101 E. KENNEDY BLVD.  
TAMPA FL 33602

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 1102

Suite, Apt. #, etc.

City & State

City & State  
Tampa, FL 33602

4. FEI Number 59-1434550

Applied For  
Not Applicable

Zip Country

Zip Country  
33601-1102 Hillsborough

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, JOSEPH  
2560 BARNETT PLAZA  
TAMPA FL 33602

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 \_\_\_\_\_

9. Capital Contributions as Shown on record. \$225,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME GARCIA, JOSEPH  
STREET ADDRESS 2014 WOODBERRY ROAD  
CITY-ST-ZIP BRANDON FL

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME CAREY, GERTRUDE E  
STREET ADDRESS 1602 COTTAGEWOOD DRIVE  
CITY-ST-ZIP BRANDON FL 33510

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Joseph Garcia, Gen. Ptnr 1/29/01 813-222-8500

Date

Daytime Phone #

CR2E003 (11/00)