

2001 UNIFORM BUSINESS REPORT (UBR)

0025072 AF

DOCUMENT # L00000000151

1. Entity Name
THE HERRING LAND AND TIMBER LLC

FILED

01 FEB 20 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
HIGHWAY 19 SOUTH
OLD TOWN FL 32680

Mailing Address
P.O. BOX 985
LD TOWN FL 32680-0985

2. Principal Place of Business
Herring Land and Timber

3. Mailing Address
PO Box 985

Suite, Apt. #, etc.
H. Dale Herring

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Old Town, Fl

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
32680

Country
Dixie

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, TODD ESQ.
7785 BAYMEADOWS WAY
SUITE 107
JACKSONVILLE FL 32256

Name
~~Lois D. Litchfield~~
Street Address (P.O. Box Number is Not Acceptable)
Hwy 19, Cooper Road
City Old Town, Fl FL Zip Code 32680

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.

Lois D. Litchfield/ bookkeeper

SIGNATURE *Lois D. Litchfield*

1/17/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME H. Dale Herring
STREET ADDRESS Po Box 985
CITY-ST-ZIP Old Town, fl 32680

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *H. Dale Herring*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/17/01

Date

Daytime Phone #

CR2E083 (11/00)