

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000001369**

1. Entity Name

EXCALIBUR POLO FARM, LLC

FILED

01 APR 26 PM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**13059 52ND PLACE S.
WELLINGTON
FLORIDA 33414**

**13860-12 WELLINGTON TRACE
PMB 233
WELLINGTON, FL 33414**

2. Principal Place of Business

13059 52ND PLACE S.

3. Mailing Address

13860-12 WELLINGTON TRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

City & State

WELLINGTON, FL

4. FEI Number

008-50-7352

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33414

Country

USA

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

**MICHAEL J. DONAHUE
13860-12 WELLINGTON TRACE
PMB 233
WELLINGTON, FL 33414**

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]

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MANAGER & OWNER**
STREET ADDRESS **MICHAEL J. DONAHUE**
CITY-ST-ZIP **13860-12 WELLINGTON TRACE**
PMB 233, WELLINGTON, FL 33414

TITLE ☐ Change ☐ Addition
NAME **NO**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **700004193897-1**
STREET ADDRESS **-05/10/01-01107-006**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 exercise the powers of the company under 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4.21.01

(561) 792-1046

**SIGN
HERE**

CR2E083 (11/00)