

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004247

1. Entity Name  
SOUTHERN AG & TURF, L.L.C.

FILED

01 FEB 19 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9150 C.R. 13 SOUTH  
HASTINGS FL

Mailing Address

9150 C.R. 13 SOUTH  
HASTINGS FL

2. Principal Place of Business

100 South Dancy ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 757

Suite, Apt. #, etc.

City & State

HASTINGS, FL

City & State

HASTINGS, FL

Zip

32145

Country

Zip

32145-0757

Country

4. FEI Number

59-3640768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, ZANE W  
9150 C.R. 13 SOUTH  
HASTINGS FL

7. Name and Address of New Registered Agent

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, 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

TITLE MGRM  
NAME SMITH, ZANE W  
STREET ADDRESS 9150 C.R. 13 SOUTH  
CITY-ST-ZIP HASTINGS FL 32145 ☐ Delete

TITLE MGRM  
NAME SMITH, ARLIE  
STREET ADDRESS 9200 C.R. 13 SOUTH  
CITY-ST-ZIP HASTINGS FL 32145 ☐ Delete

TITLE MGRM  
NAME SMITH, H. WESLEY  
STREET ADDRESS 8770 C.R. 13 SOUTH  
CITY-ST-ZIP HASTINGS FL 32145 ☐ Delete

TITLE MGRM  
NAME MARSHALL, KEITH  
STREET ADDRESS 1490 MAGNOLIA DRIVE  
CITY-ST-ZIP CAIRGO GA 31728 ☐ Delete

TITLE MGRM  
NAME MARSHALL, HENRY M  
STREET ADDRESS PO BOX 640  
CITY-ST-ZIP CAIRO GA 31728 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

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

Date

Daytime Phone #

CR2E083 (11/00)