

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90011 007 ****55.00

0000407

DOCUMENT # L00000008666

1. Entity Name

SANDY HILL FARM, LLC

Principal Place of Business

Mailing Address

S/R 207 NEAR
 HASTINGS FL

4309 BLUE HERON DRIVE
 PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3659049

Applied For

Not Applicable

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

**PATTERSON, LAWRENCE ESQ.
 PATTERSON, BOND & LATSHAW, P.A.
 3010 S. THIRD STREET
 JACKSONVILLE BEACH FL 32250**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	TIBBETTS, FRED W	
STREET ADDRESS	4309 BLUE HERON DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	TIBBETTS, TYLER W	
STREET ADDRESS	4309 BLUE HERON DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric W. Tibbetts	
STREET ADDRESS	5081 Highland Court	
CITY-ST-ZIP	Tecumseh, Mi. 49286	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tyler D. Tibbetts	
STREET ADDRESS	D	
CITY-ST-ZIP	change middle initial.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Fred W Tibbetts* **MAILED**

1-8-02

904-273-6525

CR2E083 (9/01)