

# 2001 UNIFORM BUSINESS REPORT (UBR)

0026082 AF

DOCUMENT # L00000009743

1. Entity Name  
BULLOCK FARMS, L.L.C.

FILED

01 APR 30 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

842 NW 4TH AVE  
WILLISTON FL 32696

Mailing Address

842 NW 4TH AVE  
WILLISTON FL 32696



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

835 N.W. 4th AVE

Suite, Apt. #, etc.

3. Mailing Address

835 N.W. 4th AVE

Suite, Apt. #, etc.

City & State

WILLISTON, FL

Zip

32696

Country

USA

City & State

WILLISTON, FL

Zip

32696

Country

USA

4. FEI Number

59-3667697

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FUGATE, NORM D  
110 NE 5TH ST  
WILLISTON FL 32696

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)

300004220858--9

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

-05/16/01--01118--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

TITLE MGR  
NAME BULLOCK, WILLIAM FRANK JR  
STREET ADDRESS 842 NW 4TH AVE  
CITY-ST-ZIP WILLISTON FL 32696 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS 835 N.W. 4th AVE  
CITY-ST-ZIP WILLISTON, FL 32696 ☒ Change ☐ Addition

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

TITLE  
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:

*William Frank Jr Bullock*

4-25-2001

352-528-5143

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

Date

Daytime Phone #

CR2E083 (11/00)