

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012942


1. Entity Name

ROBERT L. HARRIS ENTERPRISES, LLC

FILED

01-MAR-9 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |         |  |         |   |
|--|---------|--|---------|---|
| Principal Place of Business<br>265 SNOW FIELD RUN<br>C/O ROBERT L. HARRIS<br>HEATHROW FL 32746 |         | Mailing Address<br>265 SNOW FIELD RUN<br>C/O ROBERT L. HARRIS<br>HEATHROW FL 32746 |         | <br><br>DO NOT WRITE IN THIS SPACE |
| 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 <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                      |         | \$5.00 Additional Fee Required   |         |   |

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br><br>HARRIS, ROBERT L JR.<br>265 SNOW FIELD RUN<br>HEATHROW FL 32746 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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                    |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HARRIS, ROBERT L JR.<br>265 SNOW FIELD RUN<br>HEATHROW FL 32746 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 400003891274--3<br>-03/21/01-01113--001<br>*****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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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

2-16-01

Date

Daytime Phone #

CR2E083 (11/00)

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