

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000143

1. Entity Name

PARRISH LAND COMPANY, LLC

Principal Place of Business

4910 U.S. HIGHWAY 41 SOUTH
SUN CITY FL 33586

Mailing Address

P.O. BOX 7357
SUN CITY FL 33586

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUNDANCE GROWERS, INC.
4910 U.S. HIGHWAY 41 SOUTH
SUN CITY FL 33586

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 September 26, 2001

800004602148--3
-09/20/01--01032--022
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kirk Weiss KIRK WEISS 8/30/01 631-878-2500

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

Date

Daytime Phone #

FILED

01 SEP -6 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0006181

CR2E083 (5/01)

STAPLE CHECK HERE

RX DATE/TIME : AUG. -29' 01(WED) 09:51
08/29/2001 10:01 FAX 1 508 756 1353

1 508 756 1353
CARLIN, CHARRON, & ROSEN

P.002
002

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN APPL'D FOR

OMB No. 1545-0003

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service

▶ Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) FARRISH LAND COMPANY, LLC	3 Executor, trustee, "care of" name
	2 Trade name of business (if different from name on line 1)	
	4a Mailing address (street address) (room, apt., or suite no.) PO BOX 472	5a Business address (if different from address on lines 4a and 4b) ERIE ROAD
	4b City, state, and ZIP code CENTER MORICHES NY 11934	5b City, state, and ZIP code PARRISH, FL 34219
	6 County and state where principal business is located MANATEE COUNTY, FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustor — SSN or ITIN may be required (see instructions) ▶ KIRK WEISS, LLC MEMBER, SSN: 052-54-1769	
	8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a.	

- | | | |
|---|--|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Personal service corp. | <input type="checkbox"/> Estate (SSN of decedent) |
| <input checked="" type="checkbox"/> Partnership | <input type="checkbox"/> REMIC | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> National Guard | <input type="checkbox"/> Other corporation (specify) ▶ |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Farmers' cooperative | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ | <input type="checkbox"/> Federal government/military | |
| <input type="checkbox"/> Other (specify) ▶ | (enter GEN if applicable) | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
---	-------	-----------------

9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input checked="" type="checkbox"/> Started new business (specify type) ▶ REAL ESTATE RENTAL	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions) 12/29/00	11 Closing month of accounting year (see instructions) DECEMBER
---	---

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	N/A
---	------------

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural 0	Agricultural 0	Household 0
--	--------------------------	-----------------------	--------------------

14 Principal activity (see instructions) ▶ REAL ESTATE RENTAL
--

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

16 To whom are most of the products or services sold? Please check one box.	<input checked="" type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	

17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 7 or 2 above.	Legal name ▶	Trade name ▶
---	--------------	--------------

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
---	--	----------------------------	--------------

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

1-631-878-2500

Fax telephone number (include area code)

1-631-878-2553

Name and title (Please type or print clearly.) ▶ **KIRK WEISS**
LLC MEMBER

Signature ▶ *Kirk Weiss*

Date ▶ **8/30/01**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
----------------------	------	------	-------	------	---------------------