

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 19, 2002 8:00 am
Secretary of State

DOCUMENT # L01000022871

1. Entity Name

HAMMOND FARMS, LLC

02-19-2002 90062 038 ****50.00

020013

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

129 NANDINA CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

129 NANDINA CIRCLE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PONTE VEDRA BEACH, FL

City & State

PONTE VEDRA BEACH, FL

4. FEI Number

80-0005775

Applied For

Not Applicable

Zip

32082

Country

ST. JOHN'S

Zip

32082

Country

ST. JOHN'S

5. Certificate of Status Desired ☐

\$5.00

Additional Fee Required

7. Name and Address of Current Registered Agent

Name

BARON BARTLETT, P.A., ATTORNEY AT LAW

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

135 PROFESSIONAL DRIVE

SUITE 101

City

PONTE VEDRA BEACH,

FL

Zip Code

32082

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE PD
NAME WILLIAM J. COLLINS
STREET ADDRESS 129 NANDINA CIRCLE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE VPD
NAME PETER P. LEEZA, JR.
STREET ADDRESS 1122 NEEK ROAD
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE STD
NAME LISA ANN LEE
STREET ADDRESS 4812 MARSH HAMMOCK DR. E.
CITY-ST-ZIP JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: *W.J. Collins*, W.J. COLLINS, PRESIDENT

2-11-02

904-993-5180

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

Date

Daytime Phone #

CR2E083B (12/01)