

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000643

1. Entity Name

FARREN INVESTMENT GROUP, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 AM 9:35

Principal Place of Business

400 7TH AVE. SOUTH
NAPLES FL 33940

Mailing Address

400 7TH AVE. SOUTH
NAPLES FL 34102-6808

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

65-0538523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARREN, PEGGY
400 7TH AVE. SOUTH
NAPLES FL 34102

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

mf 3/20/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
FARREN, PEGGY
400 7TH AVE. S.
NAPLES FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
5000003177915 ☐ Change ☐ Addition
-03/21/00--01084--016
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
FARREN, FRANCIS A
15006 ALEXANDER
LIVONIA MI 48154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
COLOMBO, ANNE MARIE
3771 UPLAND DR.
MARIETTA GA 30066 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
FARREN, JOHN M
215 ROCK LARDEN TERRACE
MARIETTA GA 30064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
FARREN, SUSAN T
2309 CHARLESTON PL
MARIETTA GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
FARREN, RICHARD G
P.O. BOX 944
NAPLES FL ☐ Delete

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)