

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020293 AF

DOCUMENT # **L94000000643**

1. Entity Name  
**FARREN INVESTMENT GROUP, L.C.**

FILED

01 MAR 22 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**400 7TH AVE. SOUTH  
NAPLES FL 33940**

Mailing Address

**400 7TH AVE. SOUTH  
NAPLES FL 33940**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0538523**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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)

DATE

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

9. MANAGING MEMBERS/MEMBERS

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  
**MGRM FARREN, FRANCIS A  
15006 ALEXANDER  
LIVONIA MI 48154** ☐ Delete

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  
**MEM FARREN, JOHN M  
215 ROCK LARDEN TERRACE  
MARIETTA GA 30064** ☒ Delete

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

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

10. ADDITIONS/CHANGES

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition  
**MGRM FARREN, FRANCIS A  
14110 SUNSET AVE  
LIVONIA, MI 48154**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
**000003930850--7  
-03/30/01 -01029--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition  
**MEM FARREN, JOHN M  
12404 ROSEMONI AVE #B  
ALBUQUERQUE, NM 87112**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition  
**MEM 1302 VININGS FOREST LANE  
ATLANTA, GA 30080**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition  
**MEM FARREN, RICHARD G  
PO BOX 944  
NAPLES, FL 34106**

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:

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

3-17-01

Date

941-434-0579

Daytime Phone #

CR2E083 (11/00)