

2001 UNIFORM BUSINESS REPORT (UBR)

0024844 AF

DOCUMENT # **L95000000042**

1. Entity Name
BOLD SPRINGS FARMS, L.C.

FILED

01 FEB 20 AM 8:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 2442 TALLAHASSEE FL 32316	Mailing Address P.O. BOX 2442 TALLAHASSEE FL 32316
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3294844	Applied For <input checked="" 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 WILKINSON, BEN H 215 S. MONROE STREET 2ND FLOOR TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASHIN, KEN 732 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILKINSON, BEN H 215 S. MONROE STREET TALLAHASSEE FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003768921-2 -02/26/01--01159--023 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WILKINSON, CATHI C C/O 215 S. MONROE STREET TALLAHASSEE FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SCARBORO, SAM 1105 CAPITAL CIRCLE N.W. TALLAHASSEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SCARBORO, LINDA 1105 CAPITAL CIRCLE N.W. TALLAHASSEE FL <input type="checkbox"/> Delete	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"/> Delete	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: *Ken Cashin* **MANAGING Partner** 2-16-01 850/576-5113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)