

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL -6 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L95000000795

1. Entity Name  
BAREFOOT ENTERPRISES, L.C.

Principal Place of Business

16355 VANDERBILT DR.  
STE. 108  
BONITA SPRINGS FL 34134

Mailing Address

16355 VANDERBILT DR.  
STE. 108  
BONITA SPRINGS FL 34134-7565

2. Principal Place of Business

3. Mailing Address

16020 LOWELL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 80377

City & State

City & State  
LANSING, MI

4. FEI Number

65-0621553

Applied For

Not Applicable

Zip

Country

Zip

48908-0377

Country

USA

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

ROSS, DONALD K JR.  
KELLY, PRICE, PASSIDOMO & SIKET  
2640 GOLDEN GATE PKWY., SUITE 315  
NAPLES FL 33941-3203

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
PARKS, LEONARD  
205 LELY BEACH BOULEVARD  
BONITA SPRINGS FL 33923 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEMBER  
PARKS, LEONARD  
16020 LOWELL ROAD  
LANSING, MI 48908 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
PARKS, LYNNE C  
205 LELY BEACH BOULEVARD  
BONITA SPRINGS FL 33923 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
9000033210-07/12/00--01073--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
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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: *[Signature]* SIGNATURE REQUIRED

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

Date

Daytime Phone #

X7-3-00

CR2E083 (9/99)