

2001 UNIFORM BUSINESS REPORT (UBR)

0030689 AB

DOCUMENT # **L95000000795**

1. Entity Name

BAREFOOT ENTERPRISES, L.C.

FILED

01 APR 16 PM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

16355 VANDERBILT DR.
STE. 108
BONITA SPRINGS FL 34134

Mailing Address

16020 LOWELL ROAD
P.O. BOX 80377
LANSING MI 48908-0377

2. Principal Place of Business

3. Mailing Address **BAREFOOT BCH. BLVD**
205 LELY BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BONITA SPRINGS, FL

4. FEI Number

65-0621553

Applied For

Not Applicable

Zip

Country

Zip
34134

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
PARKS, LYNNE C
Street Address (P.O. Box Number is Not Acceptable)
205 LELY BEACH BLVD
205 BAREFOOT BCH. BLVD
City
BONITA SPRINGS **FL** Zip Code
34134

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

Lynne C. Parks
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-16-01

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

300004035573--4
-04/20/01--01064--028
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PARKS, LEONARD 205 LELY BEACH BOULEVARD BONITA SPRINGS FL 33923	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PARKS, LYNNE C 205 LELY BEACH BOULEVARD BONITA SPRINGS FL 33923	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

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

Date

Daytime Phone #

Lynne C. Parks

3-16-01

CR2E083 (11/00)