

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 28 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L960000000078

1. Entity Name  
HAYES FARMS, L.C.

Principal Place of Business  
2700-D NW 43RD ST  
GAINESVILLE FL 32606

Mailing Address  
2700-D NW 43RD ST  
GAINESVILLE FL 32607-1635

2. Principal Place of Business  
13505 NW 88th Pl  
Suite, Apt. #, etc.

3. Mailing Address  
13505 NW 88th Pl  
Suite, Apt. #, etc.

City & State  
Alachua FL

City & State  
Alachua FL

4. FEI Number  
59-3354900

Applied For  
Not Applicable

Zip  
32615  
Country  
USA

Zip  
32615  
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

SHAW, JAMES W  
2700-D NW 43RD ST  
GAINESVILLE FL 32606

Name  
Street Address (P.O. Box Number is Not Acceptable)  
13505 NW 88th Pl  
City  
Alachua FL Zip Code  
32615

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  DATE 4/4/00

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.

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
HODOR, HOWARD  
2700-D NW 43RD ST  
GAINESVILLE FL 32606 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
800603249638-4  
-05/12/00-01011-023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
SHAW, JAMES W  
2700-D NW 43RD ST  
GAINESVILLE FL 32606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
13505 NW 88th Pl  
Alachua FL 32615 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ 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:  SIGNATURE REQUIRED James W Shaw

Date

Daytime Phone #

4/4/00 352-365-8570

CR2E083 (9/99)