

# 2001 UNIFORM BUSINESS REPORT (UBR)

0030300 SP

DOCUMENT # L96000000078

1. Entity Name  
HAYES FARMS, L.C.

FILED

01 JAN 17 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1305 NW 88TH PL  
ALACHUA FL 32615

Mailing Address

1305 NW 88TH PL  
ALACHUA FL 32615

2. Principal Place of Business

13505 NW 88TH PL

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

13505 NW 88TH PL

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3354900

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAW, JAMES W  
13505 NW 88TH PL  
ALACHUA FL 32615

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 MEM SHAW, JAMES W  
STREET ADDRESS 13505 NW 88TH PL  
CITY-ST-ZIP ALACHUA FL 32615

TITLE NAME Phil Hawkey  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

Member Phil Hawkey  
3728 N Main St  
Gainesville FL 32609

600003574336  
-01/25/01--01080--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

Date

Daytime Phone #

1/16/01 352-665-8570

CR2E083 (11/00)