

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000001119

1. Entity Name
FARRELL & HARPER LC

Principal Place of Business: **316 21ST AVENUE NE ST. PETERSBURG FL**
Mailing Address: **316 21ST AVENUE NE ST. PETERSBURG FL 33704-3525**

2. Principal Place of Business: **316 21ST AVENUE NE ST. PETERSBURG FL**
3. Mailing Address: **316 21ST AVENUE NE ST. PETERSBURG FL 33704-3525**

Suite, Apt. #, etc.:

City & State:

Zip: Country:



MANM

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3416511** Applied For: Not Applicable:

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: **HARPER, LINDA S 316 21ST AVENUE NE ST. PETERSBURG FL**

7. Name and Address of New Registered Agent: Name, Street Address, City, State (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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME	MGRM FARRELL, KATHLEEN L	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	316 21ST AVE. NE		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33704		CITY-ST-ZIP	7000003238717--0	
TITLE NAME	MGRM HARPER, LINDA S	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	316 21ST AVENUE NE		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP	-05/03/00--0100 Change-022 Addition *****50.00 *****50.00	
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Kathleen L. Farrell* **KATHLEEN L. FARRELL** **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date: **04/15/00** Daytime Phone #: **727-821-5600**

CR2E083 (9/99)