

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0026473  
AF

01 APR 10 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # **L97000000349**

1. Entity Name

**THE HELLEKSON BARN LIMITED COMPANY**

Principal Place of Business

**1200 SOUTH FRENCH AVENUE  
SANFORD FL 32771**

Mailing Address

**P.O. BOX 4848  
SANFORD FL 32772-4848**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3433304**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WHIGHAM, FRANK C  
200 WEST FIRST STREET, SUITE 22  
SANFORD FL 32771**

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 ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **HELLEKSON, MICHAEL**  
CITY-ST-ZIP **1821 BEACON DRIVE  
SANFORD FL 32771**

TITLE ☐ Delete  
NAME **MEM**  
STREET ADDRESS **HELLEKSON, ROBERT**  
CITY-ST-ZIP **1987 QUINITILIS CT  
DELTONA FL 32738**

TITLE ☐ Delete  
NAME **MEM**  
STREET ADDRESS **HELLEKSON, SHEILA KING**  
CITY-ST-ZIP **5001 NEBRASKA AVENUE  
SANFORD FL 32771**

TITLE ☐ Delete  
NAME **MEM**  
STREET ADDRESS **HELLEKSON, SHEILA**  
CITY-ST-ZIP **345 SADDLEWORTH PLACE  
HEATHROW FL 32746**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **200004036602--1**  
CITY-ST-ZIP **-04/20/01--01102--020**  
**\*\*\*\*\*500.00 \*\*\*\*\*50.00**  
☐ Change ☐ Addition

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

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

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

TITLE ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/23/01**  
Date

**407/322-2171**  
Daytime Phone #

CR2E083 (11/00)