

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000378

1. Entity Name
POOLE FARMS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -2 AM 11:02

Principal Place of Business
23700 N BUCKHILL RD
HOWEY IN THE HILLS FL 34737

Mailing Address
23700 N BUCKHILL RD
P.O. BOX 96
HOWEY IN THE HILLS FL 34737



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3543723

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POOLE, CHARLES D
4010 EDLSHEARAN RD.
LAKE MARY FL 32746

Name

Street Address (P.O. Box Number is Not Acceptable)

23700 N. BUCKHILL RD

City

HOWEY-IN-THE-HILLS

FL

Zip Code

34737

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

CHARLES D. POOLE, MGR

Charles D. Poole

9/26/00

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete

NAME POOLE, CHARLES D

STREET ADDRESS 4010 EDLSHEARAN ROAD 23700 N. BUCKHILL RD

CITY-ST-ZIP LAKE MARY FL 32746 HOWEY-IN-THE-HILLS, FL

34737 ☐ Delete

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

Charles D. Poole

9/26/00

407-862-2822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)