

2001 UNIFORM BUSINESS REPORT (UBR)

0023398 AF

DOCUMENT # L98000000378

1. Entity Name
POOLE FARMS, L.C.

FILED

01 MAY -2 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
23700 N BUCKHILL RD
HOWEY IN THE HILLS FL 34737

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.

(NOT: Registered Agent signature required when reinstating)

DATE

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

000004323560--5
-05/25/01--01065--012
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME POOLE, CHARLES D
STREET ADDRESS 23700 N BUCKHILL RD
CITY-ST-ZIP HOWEY IN THE HILLS FL 34737

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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:

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

Date

Daytime Phone #

4/30/01

352-324-2829

CR2E083 (11/00)