

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000224

1. Entity Name
WEEKI WACHEE SPRINGS, L.L.C.

Principal Place of Business
6131 COMMERCIAL WAY (US-19)
WEEKI WACHEE FL 34606-1121

Mailing Address
6131 COMMERCIAL WAY (US-19)
WEEKI WACHEE FL 34606-1121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3553596

Applied For

Not Applicable

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

MASON, JOSEPH M JR.
101 SOUTH MAIN STREET
BROOKSVILLE FL 34601-3338

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

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS FARRAR, JEFFREY M
CITY- ST- ZIP 75 MILL STREET
NEWPORT RI 02840-3147 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
400003278434--6
-06/06/00--01077--003
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME MGR
STREET ADDRESS BURICH, KIMBERLIE
CITY- ST- ZIP 6131 COMMERCIAL WAY (US-19)
WEEKI WACHEE FL 34606-1121 ☒ Delete

TITLE NAME MGR
STREET ADDRESS Jacobs, Michael
CITY- ST- ZIP 6131 Commercial Way
Weeki Wachee, FL 34606-1121 ☐ Change ☒ Addition

TITLE NAME MEM
STREET ADDRESS BURICH, KIMBERLIE
CITY- ST- ZIP 6131 COMMERCIAL WAY (US-19)
WEEKI WACHEE FL 34606-1121 ☐ Delete

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

TITLE NAME MEM
STREET ADDRESS FARRAR, JEFFREY
CITY- ST- ZIP 75 MILL STREET
NEWPORT RI 02840-3147 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

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: Michael Jacobs

5/10/00

(352) 596-2062

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

Date

Daytime Phone #

CR2E013 (3/99)