

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000224**

1. Entity Name

WEEKI WACHEE SPRINGS, L.L.C.

FILED

01 JUN 28 AM 8:47

Principal Place of Business

Mailing Address

**6131 Commercial Way (US-19)
Weeki Wachee, FL 34606-1121**

**6131 Commercial Way (US-19)
Tallahassee, FL 34606-1121**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Joseph M. Mason, Jr.
101 South Main Street
Brooksville, FL 34601-3358**

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 **Manager** ☐ Delete
NAME **Jeffrey M. Farrar**
STREET ADDRESS **75 Mill Street**
CITY-ST-ZIP **Newport, RI 02840-3147**

TITLE ☐ Change ☐ Addition
NAME **700004476717--3**
STREET ADDRESS **-07/16/01--01023--002**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE **Manager** ☐ Delete
NAME **Michael Jacobs**
STREET ADDRESS **6131 Commercial Way (US-19)**
CITY-ST-ZIP **Weeki Wachee, FL 34606-1121**

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

TITLE **Member** ☒ Delete
NAME **Kimberlie Burich**
STREET ADDRESS **6131 Commercial Way (US-19)**
CITY-ST-ZIP **Weeki Wachee, FL 34606-1121**

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

TITLE **Member** ☐ Delete
NAME **Jeffrey M. Farrar**
STREET ADDRESS **75 Mill Street**
CITY-ST-ZIP **Newport, RI 02840-3147**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: JEFFREY M. FARRAR

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

Date

Daytime Phone #

MANAGING MEMBER 6/28/01

401-848-4820

CR2E083 (1/00)