AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000224

1. Entity Name

WEEKI WACHEE SPRINGS, L.L.C.

FILED

01 AUG 14 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address (SAME)

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FARRAR, JEFFREY M. 75 MILL STREET NEWPORT, RI 02840-3147 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JACOBS, MICHAEL 6131 COMMERCIAL WAY (US 19) WEEKI WACHEE, FL 34606 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM FARRAR, JEFFREY 75 MILL STREET NEWPORT, RI 02840-3147 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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 605, Florida Statutes.

JEFFREY M. FARRAR MANAGING MEMBER

SIGNATURE: _____ 8-7-01 352-596-2062
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #