

2002 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

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
MEM
FARRAR, JEFFREY
75 MILL STREET
NEWPORT RI 02840-3147 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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10. ADDITIONS / CHANGES

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

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

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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:

Jeffrey M Farrar
SIGNATURE REQUIRED

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

Date

3-4-02

Daytime Phone #

352-596-2062

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90092 049 ****50.00



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/01)