

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000550

1. Entity Name

FLORALA, LLC

FILED

01 APR -3 PM 3: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

720 KRAFT ROAD
LAKELAND FL 33815

Mailing Address

P.O. BOX 807
LAKELAND FL 33802

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

59-3564326

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

HARRELL, JACK SR.
720 KRAFT ROAD
LAKELAND FL 33815

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

600003992926--4
-04/11/01--01112--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME HARRELL, JACK R SR.
STREET ADDRESS 720 KRAFT ROAD
CITY-ST-ZIP LAKELAND FL 33815 ☐ Delete

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

TITLE MGR
NAME HARRELL, JACK R JR.
STREET ADDRESS 720 KRAFT ROAD
CITY-ST-ZIP LAKELAND FL 33815 ☐ Delete

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

TITLE MGR
NAME FOWLER, WILLIAM J
STREET ADDRESS 720 KRAFT ROAD
CITY-ST-ZIP LAKELAND FL 33815 ☐ Delete

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

TITLE MGR
NAME PURSELL, JAMES T
STREET ADDRESS 720 KRAFT ROAD
CITY-ST-ZIP LAKELAND FL 33815 ☐ Delete

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

TITLE MGR
NAME PURSELL, DAVID H
STREET ADDRESS 720 KRAFT ROAD
CITY-ST-ZIP LAKELAND FL 33815 ☐ Delete

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

TITLE MGR
NAME CLEGHORN, ARNOLD
STREET ADDRESS 720 KRAFT ROAD
CITY-ST-ZIP LAKELAND FL 33815 ☐ 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:

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

Date

Daytime Phone #

CR2E083 (11/00)