

2001 UNIFORM BUSINESS REPORT (UBR)

0006100

DOCUMENT # L99000000550
1. Entity Name
 FLORALA, LLC

FILED
 01 APR -3 PM 3: 57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
 720 KRAFT ROAD P.O. BOX 807
 LAKELAND FL 33815 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

HARRELL, JACK SR.
 720 KRAFT ROAD
 LAKELAND FL 33815

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 _____ (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

TITLE	MGR	<input type="checkbox"/> Delete
NAME	HARRELL, JACK R SR.	
STREET ADDRESS	720 KRAFT ROAD	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HARRELL, JACK R JR.	
STREET ADDRESS	720 KRAFT ROAD	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FOWLER, WILLIAM J	
STREET ADDRESS	720 KRAFT ROAD	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	PURSELL, JAMES T	
STREET ADDRESS	720 KRAFT ROAD	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	PURSELL, DAVID H	
STREET ADDRESS	720 KRAFT ROAD	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	CLEGHORN, ARNOLD	
STREET ADDRESS	720 KRAFT ROAD	
CITY-ST-ZIP	LAKELAND FL 33815	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *J.R. Purcell* **DATE:** 3-29-01 **Daytime Phone #** _____

CR2E083 (11/00)