

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001849

1. Entity Name  
BAY RIDGE FARM, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -4 AM 9:02

Principal Place of Business

5474 EFFIE-ROAD Drive  
APOPKA FL 32757  
32712

Mailing Address

5474 EFFIE ROAD Drive  
APOPKA FL 32757  
32712



2. Principal Place of Business

5474 Effie Drive  
Suite, Apt. #, etc.

3. Mailing Address

5474 Effie Drive  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Apopka  
Zip  
32712

Country

City & State

Apopka  
Zip  
32712

Country

4. FEI Number

593566764

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TOOMER, MARINA B  
453 VILLAGE PLACE  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name  
Ann Reed Trustee M.B. Toomer Trust  
Street Address (P.O. Box Number is Not Acceptable)  
5474 Effie Drive  
City  
Apopka FL Zip Code  
32712

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 Ann Reed

AS Reed

8/1/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

100002256411--2  
-08/15/00--01037--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME TOOMER, MARINA B  
STREET ADDRESS 453 VILLAGE PLACE  
CITY-ST-ZIP LONGWOOD FL 32779 Deceased

TITLE MGR  
NAME Ann Reed + Ed Reed  
STREET ADDRESS 5474 Effie Drive  
CITY-ST-ZIP Apopka FL 32712

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR  
NAME Ann Reed + Ed Reed MGR  
STREET ADDRESS 5474 Effie Drive  
CITY-ST-ZIP Apopka FL 32712

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)