

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004536 AF

DOCUMENT # L99000001849

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

FILED

01 FEB -1 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

5474 EFFIE DRIVE  
APOPKA FL 32712

Mailing Address

5474 EFFIE DRIVE  
APOPKA FL 32712

2. Principal Place of Business

5474 EFFIE Dr. Apop  
Suite, Apt. #, etc.

3. Mailing Address

Bay Ridge Farm  
Suite, Apt. #, etc.

5474 Effie Drive

City & State

Apopka Florida  
Zip Country

City & State

Apopka Florida  
Zip Country

4. FEI Number

59-3566764

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

ANN REED TRUSTEE M.B. TOOMER TRUST  
5474 EFFIE DRIVE  
APOPKA FL 32712

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR REED, ANN ☐ Delete  
STREET ADDRESS 5474 EFFIE DRIVE  
CITY-ST-ZIP APOPKA FL 32712

TITLE NAME MGR REED, ED ☐ Delete  
STREET ADDRESS 5474 EFFIE DRIVE  
CITY-ST-ZIP APOPKA FL 32712

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 700003672917-9  
CITY-ST-ZIP -02/09/01-01095--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE NAME ☐ Change ☐ Addition  
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: Ann Reed  
A. S. Reed

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

Date

Daytime Phone #

CR2E083 (11/00)