

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002833

1. Entity Name

MORNING STAR RANCH AT MARLBORO FARMS, L.C.

Principal Place of Business

~~3924 W. UNIVERSITY AVENUE, SUITE T33~~  
~~GAINESVILLE FL 32607~~  
14260 West Newberry Rd, 317  
Newberry, Florida 32669

Mailing Address

~~3924 W. UNIVERSITY AVENUE, SUITE T33~~  
~~GAINESVILLE FL 32607~~  
14260 West Newberry Rd, 317  
Newberry, Florida 32669

2. Principal Place of Business

14260 West Newberry Rd  
Suite, Apt. #, etc.  
317

3. Mailing Address

14260 West Newberry Rd  
Suite, Apt. #, etc.  
317

City & State

Newberry, Florida

City & State

Newberry, Florida

Zip

32669

Country

USA

Zip

32669

Country

USA

4. FEI Number

59-3506611

Applied For

Not Applicable

5. Certificate of Status Desired

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\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRASHEAR, BRUCE  
926 NW 13TH STREET  
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name Gary Miner  
Street Address (P.O. Box Number is Not Acceptable)  
14260 West Newberry Road, 317  
City Newberry, FL Zip Code 32669

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

25 Sep 2000

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MINER, GARY <del>3924 NW 13TH STREET SUITE T33</del> <del>GAINESVILLE FL 32607</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MINER, GARY 14260 West Newberry Road, 317 Newberry, Florida 32669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003415795--3 -10/05/00--01114--022 *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)

FILED

00 SEP 29 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE