

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 27 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002986

1. Entity Name  
K.C. FARMS, L.L.C.

Principal Place of Business

412 E. MADISON STREET  
STE 1110  
TAMPA FL 33602

Mailing Address

412 E. MADISON STREET  
STE 1110  
TAMPA FL 33602-4618

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

39-3580944

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRAKEFIELD, RICHARD M  
412 E MADISON STREET  
STE 1110  
TAMPA FL 33602

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  
STREET ADDRESS FERREL, MARK  
CITY- ST- ZIP 412 E MADISON STREET, STE 1110  
TAMPA FL

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME  
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TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)