

# 2000 UNIFORM BUSINESS REPORT (UBR)

0014706 AF

DOCUMENT # L99000003186

1. Entity Name  
AWESOME LAND DEVELOPMENT, L.L.C.

FILED

00 JAN 27 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
6877 HIGHWAY 441 S.E.  
OKEECHOBEE FL 34974

Mailing Address  
6877 HIGHWAY 441 S.E.  
OKEECHOBEE FL 34974-9510

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, LAWRENCE W  
6877 HIGHWAY 441 S.E.  
OKEECHOBEE FL 34974

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 MGR  
NAME SMITH, LAWRENCE W  
STREET ADDRESS 6877 HIGHWAY 441 S.E.  
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 SMITH CORINNE  
STREET ADDRESS 6877 HWY 44 SE  
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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: *Corinne Smith* CORINNE SMITH

1-14-2000 863-357-2403

Date Daytime Phone #

CR2E083 (9/99)