

2001 UNIFORM BUSINESS REPORT (UBR)

0024318 AF

DOCUMENT # L99000004824

1. Entity Name

SOIL BROTHERS OF FLORIDA, L.L.C.

FILED

01 APR 30 PM 6:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

853 PLANTATION WAY
PANAMA CITY FL 32404

Mailing Address

853 PLANTATION WAY
PANAMA CITY FL 32404

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

59-3588517

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

7. Name and Address of New Registered Agent

KLEIN, BRUCE H
853 PLANTATION WAY
PANAMA CITY FL 32404

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

10. ADDITIONS/CHANGES

TITLE MGR
NAME KLEIN, BRUCE H
STREET ADDRESS 853 PLANTATION WAY
CITY-ST-ZIP PANAMA CITY FL 32404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100004216791
-05/15/01--01047--002
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE MGR
NAME LEAKE, RONALD JOSEPH H
STREET ADDRESS 610 KRISTANNA DR.
CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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:

Bruce H. Klein
BRUCE H. KLEIN

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

4-27-01 850.874-1095
Date Daytime Phone #

CR2E083 (11/00)