

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005301

1. Entity Name
FRED EARLY, L.L.C.

FILED

00 JAN 12 PM 2:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
551 LAKE MARTHA DRIVE. N.E.
WINTER HAVEN FL 33881-4270

Mailing Address
551 LAKE MARTHA DRIVE. N.E.
WINTER HAVEN FL 33881-4270

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 3596435 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALLOCK, DAVID D JR
LANE TROHN BERTRAND & VREELAND PA
ONE LAKE MORTON DRIVE
LAKELAND FL 33801**

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 _____ (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 NAME Delete
**MGRM
ARD, DAVID M
551 LAKE MARTHA DRIVE NE
WINTER HAVEN FL 33881-4270**

TITLE NAME Change Addition
**500003104155--6
-01/20/00--01037--010
*****50.00 *****50.00**

TITLE NAME Delete
**MGRM
ARD, KENNETH R
1602 AVENUE L NW
WINTER HAVEN FL 33881**

TITLE NAME Change Addition


TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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: _____ **SIGNATURE REQUIRED** Date _____ Daytime Phone # _____

CR2E083 (9/99)