

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006737

1. Entity Name  
SHASTA, LLC

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2535 SUCCESS DRIVE  
ODESSA FL 33556

Mailing Address  
2535 SUCCESS DRIVE  
ODESSA FL 33556-3401

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

59-3602726

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

HUMPHRIES, J. BOB  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602

Name RICHARD W BAKER

Street Address (P.O. Box Number is Not Acceptable)  
2535 SUCCESS DRIVE

City ODESSA

FL

Zip Code 33556

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 *Richard W Baker*

RICHARD W. BAKER

2/4/2000

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 SPEER, RICHARD M  
STREET ADDRESS 2535 SUCCESS DRIVE  
CITY-ST-ZIP ODESSA FL 33556

TITLE P/D/MGR  
NAME RICHARD M SPEER  
STREET ADDRESS 2535 SUCCESS DRIVE  
CITY-ST-ZIP ODESSA FL 33556

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S/D/MGR  
NAME RICHARD W BAKER  
STREET ADDRESS 2535 SUCCESS DRIVE  
CITY-ST-ZIP ODESSA FL 33556

TITLE  
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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: *Richard W Baker* SIGNATURE REQUIRED RICHARD W BAKER S/D/M

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)