

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007372**

1. Entity Name  
**ROCKER W. CATTLE CO., L.L.C.**

Principal Place of Business

**COUNTY ROAD 17  
HAINES CITY FL**

Mailing Address

**P.O. BOX 128  
POLK CITY FL 33868**

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 **59-3619343**

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

**WIGGINS, JAMES E  
16770 SAND HILL ROAD  
WINTER GARDEN FL 34787**

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**

**180003932801-4  
-04/11/01-01110-003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS / MEMBERS

10.

ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WIGGINS, JAMES E 16770 SAND HILL RD. WINTER GARDEN FL 34787</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WIGGINS, NANCY M 16770 SAND HILL RD. WINTER GARDEN FL 34787</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/31/2001 407-656-1259**

CR2E083 (11/00)

UNIT 33 AT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE