

2001 UNIFORM BUSINESS REPORT (UBR)

UBR

DOCUMENT # L99000008601

1. Entity Name
KURT WEISS GREENHOUSES OF FLORIDA, LLC

FILED

01 FEB -5 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
% SUNDANCE GROWERS, INC.
4910 U.S. HIGHWAY SOUTH
SUN CITY FL 33586

Mailing Address
PO BOX 7357
SUN CITY FL 33586

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3621920

Applied For
Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

800003662268--8
-02/08/01--01105--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME
MGRM WEISS, RUSSELL
STREET ADDRESS 40 INLET VIEW
CITY-ST-ZIP EAST MORICHES NY 11940 ☐ Delete

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

TITLE NAME
MGR WEISS, WAYNE
STREET ADDRESS 94 DREW DRIVE
CITY-ST-ZIP EASTPORT NY 11941 ☐ Delete

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

TITLE NAME
MGR WEISS, KIRK
STREET ADDRESS P.O. BOX 472
CITY-ST-ZIP CENTER MORICHES NY 11934 ☐ Delete

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

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
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 in 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:

Kurt Weiss

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

1/29/01

Date

634-875-2500

Daytime Phone #

CR2E083 (11/00)