

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M65747

1. Entity Name

REDLAND "L" FARMS, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90100 009 \*\*\*150.00

Principal Place of Business

Mailing Address

19890 S.W. 272 ST.  
HOMESTEAD FL 33031  
US

19890 S.W. 272 ST.  
HOMESTEAD FL 33092-4267  
US

2. Principal Place of Business

3. Mailing Address

1530 E. SUNK CREEK RD.  
Suite, Apt. #, etc.

1530 E. SUNK CREEK RD.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ELKINS, W.V.

City & State

ELKINS, W.V.

4. FEI Number

65-0047348

Applied For

Not Applicable

Zip

26241

Country

Zip

26241

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LINZALONE, PASQUALE~~  
~~19890 SW 272 ST.~~  
~~HOMESTEAD FL 33031~~

Name

Lesley E. Bowen

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

48 NE 15 Street

City

Homestead

FL

Zip Code

33030

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

*Lesley E. Bowen* Lesley E. Bowen

2/28/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS LINZALONE, PASQUALE  
CITY-ST-ZIP 19890 S.W. 272ND ST.  
HOMESTEAD FL

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

TITLE ☐ Delete  
NAME STD  
STREET ADDRESS LINZALONE, KAREN F.  
CITY-ST-ZIP 19890 S.W. 272ND ST.  
HOMESTEAD FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karen Linzalone* (KAREN LINZALONE) 3/27/00 304-799-6705  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)