

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000908

1. Entity Name
BARR NURSERY, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 29 AM 10:02

Principal Place of Business

2420 W. SR 235
BROOKER FL 32644

Mailing Address

5315 NW 30TH LANE
GAINESVILLE FL 32606

2. Principal Place of Business

2420 W. SR 235
Suite, Apt. #, etc.

3. Mailing Address

PO Box 327
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Brooker, FL
Zip 32622 Country U.S.

City & State

Lacrosse FL
Zip 32658 Country U.S.

4. FEI Number

59-3526008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARR, STEPHEN L
5315 NW 30TH LANE
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name Stephen L. Barr
Street Address (P.O. Box Number is Not Acceptable)
2420 W. SR 235
City Brooker FL Zip Code 32622

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

Stephen L. Barr

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/MANAGERS

TITLE MGRM ☐ Delete
NAME BARR, STEPHEN L
STREET ADDRESS 5315 NW 30TH LANE
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Stephen L. Barr
STREET ADDRESS 2420 W. SR 235
CITY-ST-ZIP Brooker, FL 32622

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Stephen L. Barr REQUIRED

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

Date

7/10/00

Daytime Phone #

CR2E083 (5/00)