

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001264

1. Entity Name

LETUS STABLE, LLC

Principal Place of Business

14214 N. US HWY 27  
OCALA FL 34482

Mailing Address

14214 N. US HWY 27  
OCALA FL 34482

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ROBERTS, MARK  
14214 N. US HIGHWAY 27  
OCALA FL 34482

7. Name and Address of New Registered Agent

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**  
**Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR ROBERTS, MARK  
STREET ADDRESS 14214 N. US HIGHWAY 27  
CITY-ST-ZIP Ocala FL 34482 ☐ Delete

TITLE NAME MGR HALL, DAN  
STREET ADDRESS 14214 N US HWY 27  
CITY-ST-ZIP Ocala FL 34482 ☐ Delete

TITLE NAME MGR VELLA, DANIEL  
STREET ADDRESS 14214 N US HWY 27  
CITY-ST-ZIP Ocala FL 34482 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGR Jack Brothers  
STREET ADDRESS 14214 N US Hwy 27  
CITY-ST-ZIP Ocala, FL 34482 ☐ Change ☒ Addition

TITLE NAME 600004493586  
STREET ADDRESS -07/24/01--01056--008  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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

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

Mark Roberts, Mgr. 7-5-01

Date

Daytime Phone #

352-629-6271

FILED

01 JUL 17 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)

STAPLE CHECK HERE