

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49108

1. Entity Name

TOO FAR, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90025 028 ****61.25

Principal Place of Business
8618 E. ORANGE AVENUE
FLORAL CITY FL 34436
US

Mailing Address
P.O. BOX 980
FLORAL CITY FL 34436-0980
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3124707

Applied For

Not Applicable

Zip

Country

Zip

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

GERLACH, CARL
5673 S PERCH PT
FLORAL CITY FL 34436

Name
Dave Starnes

Street Address (P.O. Box Number is Not Acceptable)
3725 CR 400

Lk Panasoffkee, Fl 33538

City
Lk Panaoffkee

FL

Zip Code
33538

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] Dave Starnes 1/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, FRANK 8717 E BRADLEY RD FLORAL CITY FL 34436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHADWICK, KENNETH 505 HUNTING LODGE DR INVERNESS FL 34453	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAZ-FONSECA, SOPHIE 9236 E REDWOOD PL INVERNESS FL 34450	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GERLACH, CARL 5673 S PERCH PT FLORAL CITY FL 34436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN, LARRY 8686 MARVIN ST FLORAL CITY FL 34436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTLOW, DUDLEY 1206 CYPRESS COVE CT INVERNESS FL 34450	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V Starnes, Dave 3725 CR 400 Lk Panasoffkee, Fl. 33538	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S Brady, Pat PO Box 2185 Inverness, Fl 34451	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D Adamic, bob PO Box 702 Lk Panasoffkee, Fl 33538	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carl Gerlach* CARL C GERLACH 1/31/00 352-726-5004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)