

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90021 043 \*\*\*\*61.25

0078062

**DOCUMENT # N49108**

1. Entity Name

**TOO FAR, INC.**

Principal Place of Business:

**8618 E. ORANGE AVENUE  
 FLORAL CITY FL 34436  
 US**

Mailing Address

**P.O. BOX 980  
 FLORAL CITY FL 34436  
 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

**STARNES, DAVE  
 3725 CR 400  
 LAKE PANASOFFKEE FL 33538**

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

*David Starnes*

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

(NOTE: Registered Agent signature required when reinstating)

*1/11/01*

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 **P** ☐ Delete  
 NAME **ROBINSON, FRANK**  
 STREET ADDRESS **8717 E BRADLEY RD**  
 CITY-ST-ZIP **FLORAL CITY FL 34436**

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

TITLE **V** ☐ Delete  
 NAME **STARNES, DAVE**  
 STREET ADDRESS **3725 CR 400**  
 CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

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

TITLE **S** ☐ Delete  
 NAME **BRADY, PAT**  
 STREET ADDRESS **PO BOX 2185**  
 CITY-ST-ZIP **INVERNESS FL 34451**

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

TITLE **T** ☐ Delete  
 NAME **GERLACH, CARL**  
 STREET ADDRESS **5673 S PERCH PT**  
 CITY-ST-ZIP **FLORAL CITY FL 34436**

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

TITLE **D** ☐ Delete  
 NAME **HARTMAN, LARRY**  
 STREET ADDRESS **8686 MARVIN ST**  
 CITY-ST-ZIP **FLORAL CITY FL 34436**

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

TITLE **D** ☐ Delete  
 NAME **ADAMIC, BOB**  
 STREET ADDRESS **PO BOX 702**  
 CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-11-01*

Date

*352-568-2990*

Daytime Phone #

CR2E037 (10/00)