

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002771

1. Entity Name

THE LAMB'S WAY, INC.

Principal Place of Business

11600 108TH STREET  
LARGO FL 33778

Mailing Address

11600 108TH STREET  
LARGO FL 33778

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3574770

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

YATES, JAMES  
11600 108TH STREET  
LARGO FL 33778

## 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 \$61.25  
After September 12, 2001, min. will be \$236.25

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

TITLE D ☐ Delete  
NAME YATES, JAMES  
STREET ADDRESS 11600 108TH STREET  
CITY-ST-ZIP LARGO FL 33778

TITLE DP ☐ Delete  
NAME YATES, MARIE  
STREET ADDRESS 11600 108TH STREET  
CITY-ST-ZIP LARGO FL 33778

TITLE D ☐ Delete  
NAME KEENER, PAUL  
STREET ADDRESS 7512 124TH STREET N  
CITY-ST-ZIP SEMINOLE FL 33772

TITLE D ☐ Delete  
NAME HUTCHINSON, KATHLEEN  
STREET ADDRESS 10548 NINA STREET  
CITY-ST-ZIP LARGO FL 33778

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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  
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STREET ADDRESS  
CITY-ST-ZIP

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

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)(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: *James Yates* REQUIRED

7-12-01

727-535-5622

CR2E037 (5/01)