## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P00000018492 1. Entity Name THE FARRELL FAMILY, INC. 04-30-2001 90323 017 \*\*\*150.00 Principal Place of Business Mailing Address 1014 NORTHWEST 76 BOULEVARD 5622 NORTHWEST 6TH PLACE GAINESVILLE FL 32606 GAINESVILLE FL 32607 2. Principal Place of Business 3. Mailing Address N.W. 74 Blvd. 1104 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-363*1253* Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent James Farrell SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE Place CORAL GABLES FL 33134 Zip Code 3 2 60 7 Gainesville 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. Farrell FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE NAME FARRELL, JAMES W NAME 1104 N.W 76th Blvd STREET ADDRESS STREET ADDRESS 1014 NORTHWEST 76 BOULEVARD CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32606** Change Change ☐ Addition ☐ Delete TITLE TITLE FARRELL, CHERYL L NAME 1104 NW 76th Blud NAME STREET ADDRESS 1014 NORTHWEST 76 BOULEVARD STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIF **GAINESVILLE FL 32606** TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Farrell

4126101

<u> 352-332*-55*55</u>

Daytime Phone #