

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90031 007 ***150.00

DOCUMENT # 320371

1. Entity Name

VO-LASALLE FARMS INCORPORATED

Principal Place of Business

601 JOHNSON LK RD
 DELEON SPRGS FL 32130

Mailing Address

601 JOHNSON LK RD
 DELEON SPRGS FL 32130-3638

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1214274

Applied For

Not Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRUMP, SYLVIA S
601 JOHNSON LK RD
DELEON SPRGS FL 32130

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	CRUMP, STEVE S.	
STREET ADDRESS	601 JOHNSON LK.RD.	
CITY-ST-ZIP	DELEON SPGS. FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRUMP, SYLVIA S	
STREET ADDRESS	601 JOHNSON LK RD	
CITY-ST-ZIP	DELEON SPRGS, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CRUMP, A BRUCE	
STREET ADDRESS	601 JOHNSON LK RD	
CITY-ST-ZIP	DELEON SPRGS, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	CRUMP, ROGER M.	
STREET ADDRESS	601 JOHNSON LK.RD.	
CITY-ST-ZIP	DELEON SPGS. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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:

Sylvia S. Crump
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/00
 Date

904-985-5201
 Daytime Phone #