

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19788**

1. Entity Name

FARM HILL, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 PM 12:18



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 3256 PENSACOLA FL 32516	Mailing Address P.O. BOX 3256 PENSACOLA FL 32516-3256
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2. Principal Place of Business 516 Lakeview Road	3. Mailing Address 516 Lakeview Road
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Suite, Apt. #, etc. Suite 8	Suite, Apt. #, etc. Suite 8
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City & State Clearwater, Florida	City & State Clearwater, Florida
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4. FEI Number 59-2652614	Applied For Not Applicable
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Zip 33756	Country US	Zip 33756	Country US
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLYNN, THOMAS F 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER FL 33756-3302

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	\$200.00
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10. Amount of Capital Contributions in FLORIDA to date.	
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11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P98000081961 CANTONMENT TWO, INC. 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER FL 33756-3302
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	900003174249--8 -03/17/00--01066--009 ****150.00 ****150.00
STREET ADDRESS CITY - ST - ZIP	Inf 315100
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Thomas F. Flynn **SIGNATURE REQUIRED** As President of Corporate General Partner
Thomas F. Flynn 2/29/00 727-449-1182 Ex 211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)