

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90012 002 ***150.00

DOCUMENT # G72465
 1. Entity Name
ADRIAN C. FLETCHER FARMS, INC.

Principal Place of Business
3612 Juniper Road
~~GADSDEN COUNTY ROAD 379~~
~~PO BOX 70~~
~~GREENSBORO FL 32330~~
Quincy FL 32351

Mailing Address
~~GADSDEN COUNTY ROAD 379~~
~~PO BOX 70 P.O. Box D~~
~~GREENSBORO FL 32330-0803~~
32330-0803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3612 Juniper Rd.
 Suite, Apt. #, etc.
Quincy FL
 City & State

3. Mailing Address
P.O. Box D
 Suite, Apt. #, etc.
 City & State

4. FEI Number **59-2354576** Applied For
 Not Applicable

Zip **32351** Country **Gadsden** Zip **32330-0803** Country

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

6. Name and Address of Current Registered Agent
FLETCHER, A. C.
~~GADSDEN COUNTY ROAD 379~~ **3612 Juniper Rd**
~~POST OFFICE BOX 70~~ **P.O. Box D**
GREENSBORO FL 32330

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3612 Juniper Rd.
 City **Quincy** FL Zip Code **32351**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FLETCHER, ADRIAN C GADSDEN CO. RD. 379 3612 Juniper Rd. GREENSBORO FL Quincy FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VICE, PATRICIA F 5016 NW 36TH ST GAINESVILLE, FL 00000- 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRIDGES, JANET F GADSDEN CO. RD. 379 GREENSBORO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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: *x Adrian C. Fletcher* **Adrian C. Fletcher** **1/28/00** **(850) 442-6434**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)