2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State
06-06-2000 90484 015 ***150.00

DOCUMENT # M36490 (4)

1. Entity Name

Ragged Mountain Farm, Inc.

Principal Place of Business	Mailing Address
1224 Seminole Dr. Fort Lauderdale, FL 33304-1606	1224 Seminole Dr. Fort Lauderdale, FL 33304-1606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
464 Ragged Mountain Rd.		464 Ragged Mountain Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Charlottesville, VA		City & State: Charlottesville, VA	
Zip: 22903	Country: USA	Zip: 22903	Country: USA

4. FEI Number 59-2713167 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Marcus, Ronald L.
1224 Seminole Dr.
Suite 400
Fort Lauderdale, FL 33304

7. Name and Address of New Registered Agent

Name: David Black
Street Address (P.O. Box Number is Not Acceptable): 4875 N. Federal Highway, 4th Floor
City: Fort Lauderdale, FL **FL** Zip Code: 33308

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 David B. Black DAVID B. BLACK 4/27/00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Marcus, Ronald L. 1224 Seminole Dr. Fort Lauderdale, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Marcus, Ronald L. 464 Ragged Mountain Road Charlottesville, VA 22903 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

13. I hereby certify 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.

Sign Here

SIGNATURE: Ronald L. Marcus 4-28-00 804-296-3276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #