

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90198 042 ***150.00

DOCUMENT # **P00000061287**

1. Entity Name

WINNING SPREE FARM INC



DO NOT WRITE IN THIS SPACE

10062858

2. Principal Place of Business

WINNING SPREE FARM

3. Mailing Address

1901 Kentucky Ave NE

Suite, Apt. #, etc.

7020 22nd SW Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ocala FL

City & State

St. Petersburg FL

4. FEI Number

59-2979156

Applied For

Not Applicable

Zip

34482

Country

US

Zip

33703

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

BeBe Luxon

Street Address (P.O. Box Number is Not Acceptable)

1901 Kentucky Ave NE

City

St. Petersburg

FL

Zip Code

33703

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

BeBe Luxon

(NOTE: Registered Agent signature required when reinstating)

4/4/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **President - Secretary**
NAME: **BeBe Luxon**
STREET ADDRESS: **1901 Kentucky Ave**
CITY-ST-ZIP: **St. Petersburg FL 33703**

TITLE: **Valleri James V.P.**
NAME: **2500 Ridges S.**
STREET ADDRESS: **Ballston Spa NY 120120**
CITY-ST-ZIP: **Ballston Spa NY 120120**

TITLE: **V.P. - Treasurer**
NAME: **Richard Luxon**
STREET ADDRESS: **1901 Kentucky Ave NE**
CITY-ST-ZIP: **St. Petersburg, FL 33703**

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

BeBe Luxon **BeBe Luxon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/03 727-642-0321

CR2E034B (12/02)