

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075110

1. Entity Name
BLUE SPRINGS TREE FARM, INC.

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90157 021 ***150.00

Principal Place of Business

5052 BLUE SPRINGS RD.
MARIANNA FL 32446

Mailing Address

5052 BLUE SPRINGS RD.
MARIANNA FL 32446

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3669315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, JAMES L
5052 BLUE SPRINGS RD.
MARIANNA FL 32446

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, 2001 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 PD ☐ Delete
NAME FOSTER, JAMES L
STREET ADDRESS 5052 BLUE SPRINGS RD.
CITY-ST-ZIP MARIANNA FL 32446

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME WARDEN, LARRY
STREET ADDRESS 5052 BLUE SPRINGS RD.
CITY-ST-ZIP MARIANNA FL 32446

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Foster

9/9/01

Date

(850) 482-4500

Daytime Phone #

CR2E034 (10/00)

Attachment DDC# P00000075110
B00064780

September 9, 2001

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Ref: Uniform Business Report for Blue Springs Tree Farm, Inc.

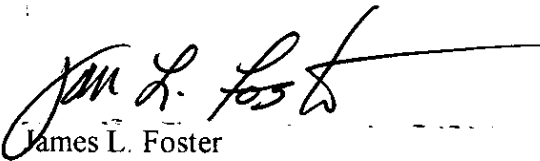
Dear Sir:

Please find enclosed, the Uniform Business Report for Blue Springs Tree Farm, Inc.

Please accept this report as being timely filed. I am a farmer and have to depend on my bookkeeper to file my tax reports timely. However, they overlooked the form and it was not filed by the due date. This is a new corporation and this is the first report to be filed.

I can assure you that steps have been taken to keep this from happening again.

Sincerely,



James L. Foster
Blue Springs Tree Farm, Inc.
5052 Blue Springs Rd.
Marianna, FL 32446
(850) 482 - 4500