

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90057 020 \*\*\*150.00

**DOCUMENT # P32011**

1. Entity Name  
**M & J CATTLE COMPANY**

Principal Place of Business

5575 ALLIGATOR LAKE RD.  
 P.O. BOX 701326  
 ST CLOUD FL 34770

Mailing Address

441 IOWA STREET  
 ASHLAND KY 41102  
 US

**00029031**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*7444 Botanica Pkwy*

3. Mailing Address

*P.O. Box 1949*

City & State

*Sarasota FL*

City & State

*Ashland, KY*

4. FEI Number **31-1313020**

Applied For  
 Not Applicable

Zip Country

*34238*

Zip Country

*41105-1949*

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

**GRIFFITHS, MORRIS L.**  
**5575 ALLIGATOR LAKE RD**  
**P.O. BOX 701326**  
**ST CLOUD FL 34770**

Name *Morris L. Griffiths*

Street Address (P.O. Box Number is Not Acceptable)  
*7444 Botanica Parkway*

City *Sarasota*

**FL**

Zip Code *34238*

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 *James L. Griffiths*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *3/27/01*

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  Delete  
 NAME **PD GRIFFITHS, MORRIS L.**  
 STREET ADDRESS **5575 ALLIGATOR LAKE RD.**  
 CITY-ST-ZIP **ST CLOUD FL**

TITLE  Change  Addition  
 NAME *Griffiths, Morris L.*  
 STREET ADDRESS *P.O. Box 1949*  
 CITY-ST-ZIP *Ashland, KY, 41105*

TITLE  Delete  
 NAME **VD GRIFFITHS, JANET R.**  
 STREET ADDRESS **5575 ALLIGATOR LAKE RD.**  
 CITY-ST-ZIP **ST CLOUD FL**

TITLE  Change  Addition  
 NAME *Griffiths, Janet*  
 STREET ADDRESS *P.O. Box 1949*  
 CITY-ST-ZIP *Ashland, KY, 41105*

TITLE  Delete  
 NAME **S HALL, ELIZABETH**  
 STREET ADDRESS **1915 WILSHIRE BLVD.**  
 CITY-ST-ZIP **ASHLAND KY**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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: *James L. Griffiths*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *3/27/01*

Date

Daytime Phone #

CR2E034 (10/00)