2000 UNIFORM BUSINESS REPORT (UBR)

address, with all othe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P99000058718 May 19, 2000 8:00 am Secretary of State CHERRY LAKE TREE FARM, INC. 05-19-2000 90078 026 ***150.00 Principal Place of Business Mailing Address 7836 CHERRY LAKE ROAD 7836 CHERRY LAKE ROAD GROVELAND FL 34736-9007 **GROVELAND FL 34736** I O I O O ~ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHERMAN, TY Street Address (P.O. Box Number is Not Acceptable) 7836 CHERRY LAKE ROAD **GROVELAND FL 34736** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE NAME SALLIN, MICHEL NAME STREET ADDRESS 7836 CHERRY LAKE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GROVELAND FL 34736** ☐ Change Addition Delete TITLE NAME SALLIN, VERONIQUE NAME STREET ADDRESS 7836 CHERRY LAKE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GROVELAND FL 34736** TITLE ☐ Change **X**Addition TITLE ☐ Delete Ann Graham NAME NAME 7836 Cherry Lake Road STREET ADDRESS STREET ADDRESS Groveland-FL-34736 ULLY-ST-ZIP CITY-ST-ZIP Addition Delete ☐ Change TITLE Didier Jupillat NAME STREET ADDRESS STREET ADDRESS Groveland, FL. 34736 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplymental report is true and accurate a strait 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 receivers, 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

ANN Graham 5-1-00