

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000100570**

1. Entity Name

**CHESTNUT HILL TREE FARM, INC.****FILED****Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90039 020 \*\*\*150.00

Principal Place of Business

**15105 N.W. 94TH AVENUE  
ALACHUA FL 32615**

Mailing Address

**15105 N.W. 94TH AVENUE  
ALACHUA FL 32615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3610577**

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****WALLACE, ROBERT D  
15105 N.W. 94TH AVENUE  
ALACHUA FL 32615**

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 **D** ☐ Delete  
NAME **WALLACE, ROBERT D**  
STREET ADDRESS **15105 N.W. 94TH AVENUE**  
CITY-ST-ZIP **ALACHUA FL 32615**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **Secretary** ☐ Delete  
NAME **Gaw, Deborah A.**  
STREET ADDRESS **15105 NW 94 Ave**  
CITY-ST-ZIP **Alachua FL 32615**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **Vice President** ☐ Delete  
NAME **Sherman, Carl W.**  
STREET ADDRESS **3600 SW 19 Ave. #30**  
CITY-ST-ZIP **Gainesville FL 32607**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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

**3/16/01 386-462-2820**

Date

Daytime Phone #

CR2E034 (10/00)