

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000007269

1. Entity Name

35 FARMS, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90050 045 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2722 NW 43RD ST.~~  
SUITE S  
GAINESVILLE FL 32606

P.O. BOX 566  
GAINESVILLE FL 32602-0566

2. Principal Place of Business

3. Mailing Address

2772 NW 43rd St.

Suite, Apt. #, etc.

Suite S

City & State

GAINESVILLE FL.

Zip

32606

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DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3173226

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

Name

RAPPENECKER, STEPHEN A.

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

2772 N.W. 43rd St.

Suite S

City

GAINESVILLE

FL

Zip Code

32606

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, 2000 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 D  
STREET ADDRESS RAPPENECKER, STEPHEN A  
CITY-ST-ZIP 2700-C N.W. 43RD ST.  
GAINESVILLE FL 32606

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ANDERSON, C N  
CITY-ST-ZIP 440 OAK RIDGE COURT  
LAKE BLUFF IL 60044

TITLE ☒ Change ☐ Addition  
NAME SAME  
STREET ADDRESS SAME  
CITY-ST-ZIP 10626 S.W. 41st PLACE  
GAINESVILLE, FL. 32608

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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: *Stephen A. Rappenecker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-00  
Date

352-377-5900  
Daytime Phone #

CR2EN34 (9/99)