

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19788**

1. Entity Name

FARM HILL, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 PM 12:18



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 3256
PENSACOLA FL 32516

Mailing Address

P.O. BOX 3256
PENSACOLA FL 32516-3256

2. Principal Place of Business

516 Lakeview Road

3. Mailing Address

516 Lakeview Road

Suite, Apt. #, etc.

Suite 8

Suite, Apt. #, etc.

Suite 8

City & State

Clearwater, Florida

City & State

Clearwater, Florida

4. FEI Number

59-2652614

Applied For

Not Applicable

Zip

33756

Country

US

Zip

33756

Country

US

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F

516 LAKEVIEW ROAD, UNIT 8

CLEARWATER FL 33756-3302

7. Name and Address of New Registered Agent

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. Capital Contributions
as Shown on record.

\$200.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P98000081961
NAME CANTONMENT TWO, INC.
STREET ADDRESS 516 LAKEVIEW ROAD, UNIT 8
CITY - ST - ZIP CLEARWATER FL 33756-3302

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

As President of
Corporate General Partner

Thomas F. Flynn

2/29/00

727-449-1182 Ex 211

Date

Daytime Phone #

CR2E003 (9/99)