

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 519403

1. Entity Name

RIVER ERROR FARMS, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90010 014 ***150.00

Principal Place of Business

PO BOX 2146
PANAMA CITY FL 32402-2146

Mailing Address

P.O. BOX 1380
LYNN HAVEN FL 32444-6180

2. Principal Place of Business

P.O. Box 1380

3. Mailing Address

Suite, Apt. #, etc.

City & State

LYNN HAVEN, FL

City & State

Zip

32444

Country

USA

Country

4. FEI Number

59-2060037

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDEE, LAWRENCE A
1267 CAPRI DRIVE
PANAMA CITY FL 32402

7. Name and Address of New Registered Agent

Name

LAWRENCE A. HARDEE

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

1614 OTTIE AVE

City

LYNN HAVEN

FL

Zip Code

32444

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

LAWRENCE A. HARDEE

4-26-00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARDEE, ALEXANDER F.	
STREET ADDRESS	709 BELLEVILLE AVE	
CITY-ST-ZIP	BREWTON AL 36427	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARDEE, LAWRENCE A.	
STREET ADDRESS	1267 CAPRI DR.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARDEE, CARY A	
STREET ADDRESS	215 SE PINCKNEY ST	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARDEE, JAMES E., JR.	
STREET ADDRESS	330 CLEAR SPG CT.	
CITY-ST-ZIP	MARIETTA GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1614 OTTIE AVE.
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	RT 3, BOX 276
CITY-ST-ZIP	MADISON, FL 32340
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LAWRENCE A. HARDEE 4-26-00

CR2E034 (9/99)