

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 203868

1. Entity Name

GREEN OAKS DAIRY, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90022 035 ***150.00

Principal Place of Business

Mailing Address

97TH DR.
MCALPIN FL 32062

18843 97TH DR.
MCALPIN FL 32062-2574
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0816362

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

CATER, JOHN D
18843 97TH DR.
MCALPIN FL 32062

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, 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	PD	☒ Delete
NAME	CARTER JR, JOHN F	
STREET ADDRESS	RT 1 BOX 352	
CITY-ST-ZIP	MCALPIN FL	
TITLE	PD	☐ Delete
NAME	CARTER, JOHN D.	
STREET ADDRESS	18843 97TH DR.	
CITY-ST-ZIP	MCALPIN FL	
TITLE	STD	☐ Delete
NAME	CARTER, ELINOR	
STREET ADDRESS	18843 97TH DR.	
CITY-ST-ZIP	MCALPIN FL	
TITLE	V	☐ Delete
NAME	CARTER, JACQUELINE	
STREET ADDRESS	18843 97TH DR	
CITY-ST-ZIP	MCALPIN FL 32062	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Elinor Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ELINOR CARTER

Apr. 4 - 2000

CR2E034 (9/99)