

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90038 032 ***158.75

610519



DO NOT WRITE IN THIS SPACE

DOCUMENT # 240722

1. Entity Name
SHADY GROVE DAIRY FARM INC

Principal Place of Business: **RD. AT END
 MILES FROM A-1-A
 CALLAHAN FL 32011**

Mailing Address: **5005 STRATON ROAD
 CALLAHAN FL 32011-5068**

2. Principal Place of Business: **Same**

3. Mailing Address: **5005
 Suite, Apt. #, etc. **Stratton Road**
 City & State: **Callahan FL****

City & State: **Callahan FL**

Zip: **32011** Country: **32011**

4. FEI Number: **59-0893287**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PETERSON, ANTHONY C.
 5005 STRATON ROAD
 CALLAHAN FL 32011**

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: _____ (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.

**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: P	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PETERSON, ANTHONY C.		NAME:	
STREET ADDRESS: 5005 STRATON ROAD		STREET ADDRESS:	
CITY-ST-ZIP: CALLAHAN FL 32011		CITY-ST-ZIP:	
TITLE: VP	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PETERSON, FLOYD		NAME:	
STREET ADDRESS: 5005 STRATON ROAD		STREET ADDRESS:	
CITY-ST-ZIP: CALLAHAN FL 32011		CITY-ST-ZIP:	
TITLE: ST	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FITZPATRICK, MARY		NAME:	
STREET ADDRESS: 1210 HOPEWELL CREST		STREET ADDRESS:	
CITY-ST-ZIP: ALPHARETTA GA 30201		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: **Anthony C. Peterson** *Anthony Peterson* **1-28-2000** **904-879-4304**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)