## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # 243307** May 15, 2000 8:00 am Secretary of State LAWRENCE FARMS, INC. 05-15-2000 90275 013 \*\*\*150.00 Principal Place of Business Mailing Address 3830 MARSH RD 3830 MARSH RD **DELAND FL 32724-9704** DELAND FL 32724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-0928117 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAWRENCE, J R Street Address (P.O. Box Number is Not Acceptable) 3830 MARSH ROAD DELAND FL 32724 Zip Code ۴L 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition PD Change TITLE ☐ Delete LAWRENCE, J R NAME STREET ADDRESS STREET ADDRESS 3830 MARSH ROAD CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 ☐ Delete ☐ Change ☐ Addition TITLE TITLE LAWRENCE, KATHLEEN L NAME NAME STREET ADDRESS STREET ADDRESS 3830 MARSH ROAD CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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.

4-25-00 904134 OPU