

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 248049

1. Entity Name

CHERRY FARMS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90298 015 ***150.00

Principal Place of Business

LARRIE CHERRY
P.O. BOX 128 HIGHWAY 255
LEE FL 32059-9701

Mailing Address

LARRIE CHERRY
P.O. BOX 128 HIGHWAY 255
LEE FL 32059-9701

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0940326**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHERRY, VIRGINIA B
HWY 255 AT SOUTH LEE CITY LIMIT
LEE FL 32059

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. 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, 2001 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	D	<input type="checkbox"/> Delete
NAME	SMITH, WILLIAM D	
STREET ADDRESS	2415 WINDING RD	
CITY - ST - ZIP	VALDOSTA GA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHERRY, VIRGINIA B	
STREET ADDRESS	HIGHWAY 255	
CITY - ST - ZIP	LEE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHERRY, CARSON L	
STREET ADDRESS	ROLLER COASTER HILL	
CITY - ST - ZIP	MADISON, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHERRY, VIRGINIA B	
STREET ADDRESS	HIGHWAY 255	
CITY - ST - ZIP	LEE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WHITFIELD, JO ANN C.	
STREET ADDRESS	RT. 2 BOX 1200	
CITY - ST - ZIP	MADISON FL	
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 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		
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 empowered.

VIRGINIA B. CHERRY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

850-971-5558

Daytime Phone #

CR2E034 (10/00)