

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91328 040 ***150.00

DOCUMENT # 262232

1. Entity Name
KNIGHT FARMS, INC.

Principal Place of Business
**8495 BEACONHILL RD
 PALM BCH GARDENS FL 33410**

Mailing Address
**8495 BEACONHILL RD
 PALM BCH GARDENS FL 33410**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1006907**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**KNIGHT, FRANCES
 8495 BEACONHILL RD
 PALM BCH GARDENS FL 33410**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TD** ☐ Delete
 NAME **KNIGHT, FRANCES**
 STREET ADDRESS **8495 BEACONHILL RD**
 CITY-ST-ZIP **PALM BCH GARDENS FL 33410**

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

TITLE **VD** ☐ Delete
 NAME **KNIGHT, THURMOND W., JR**
 STREET ADDRESS **385 HINMAN SETTLOR RD**
 CITY-ST-ZIP **GLOVAR VT 05839**

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

TITLE **SD** ☐ Delete
 NAME **HELMS, SUSAN K**
 STREET ADDRESS **861 W JASMINE DR**
 CITY-ST-ZIP **LAKE PARK FL**

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

TITLE **PD** ☐ Delete
 NAME **KNIGHT, JEFFREY NEIL**
 STREET ADDRESS **8495 BEACONHILL RD**
 CITY-ST-ZIP **PALM BCH GARDENS FL 33410**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1859 Roswell Rd.**
 CITY-ST-ZIP **Maricopa, Ga. 30062**

TITLE **AS** ☐ Delete
 NAME **KNIGHT, DANIEL O**
 STREET ADDRESS **370 LEGARE CT**
 CITY-ST-ZIP **JUPITER FL 33458**

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

TITLE ☐ Delete
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/01

770-916-1177

CR2E034 (10/00)