

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 06, 2000 8:00 am
Secretary of State

05-02-2000 90047 003 ***150.00

DOCUMENT # 289932

1. Entity Name

RLM FARMS, INC.

Principal Place of Business

6500 U.S. HWY. 441
SUITE 205
OKEECHOBEE FL 34974
US

Mailing Address

6500 U.S. HWY. 441
OKEECHOBEE FL 34974-9599
US

2. Principal Place of Business

200 NW Avenue L

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2048

Suite, Apt. #, etc.

City & State

Belle Glade, FL

City & State

Belle Glade, FL

Zip

33430

Country

US

Zip

33430

Country

US

4. FEI Number

59-1096591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MACE, ROBERT L
11139 ISLE BROOK DRIVE
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name **SHIVER, MICHAEL W.**
Street Address (P.O. Box Number is Not Acceptable)
200 NW AVENUE L

City **BELLE GLADE** **FL** Zip Code **33430**

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

05/31/00

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

TITLE **PD** ☒ Delete

NAME **MACE, ROBERT L**
STREET ADDRESS **900 SE 3RD ST**
CITY-ST-ZIP **BELLE GLADE FL**

TITLE **ST** ☐ Delete

NAME **SHIVER, MICHAEL W.**
STREET ADDRESS **200 N.W. AVE L**
CITY-ST-ZIP **BELLE GLADE FL**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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

REQUIRED

MICHAEL W. SHIVER 04/24/00 561-996-2800

Date

Daytime Phone #

CR2E034 (9/99)