

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90050 026 \*\*\*150.00

**DOCUMENT # 317911**

1. Entity Name  
**CORAL HILLS FARMS, INC.**



Principal Place of Business  
**2300 CORAL HILLS ROAD  
APOPKA FL 32703**

Mailing Address  
**2300 CORAL HILLS ROAD  
APOPKA FL 32703**

2. Principal Place of Business  
**1340 GOLF POINT LOOP**  
Suite, Apt. #, etc.

3. Mailing Address  
**1340 GOLF POINT LOOP**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**APOPKA FL**  
Zip  
**32712**

City & State  
**APOPKA FL**  
Zip  
**32712**

4. FEI Number  
**59-1217434**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DEVITA, PHILIP A.**  
**2300 CORAL HILLS ROAD**  
**APOPKA FL 32703**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1340 GOLF POINT LOOP**  
City  
**APOPKA** FL Zip Code  
**32712**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**DEVITA, PHILIP A.**  
**2300 CORAL HILLS RD 1340 GOLF POINT LOOP**  
**APOPKA FL 32712**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**1340 GOLF POINT LOOP**  
**APOPKA FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete  
**ST**  
**DEVITA, JILL M.**  
**2300 CORAL HILLS RD 1340 GOLF POINT LOOP**  
**APOPKA FL 32703**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**1340 GOLF POINT LOOP**  
**APOPKA FL 32712**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete  
**V**  
**DEVITA, PHILIP J.**  
**2300 CORAL HILLS RD 1340 GOLF POINT LOOP**  
**APOPKA FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**743 VIA MILANO**  
**APOPKA 32712**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Philip A. Devita**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-03**  
Date Daytime Phone #

CR2E034 (10/02)