

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90062 024 ***158.75

DOCUMENT # 333495
1. Entity Name
SHADOWLAWN FARMS, INCORPORATED



Principal Place of Business
320 CORPORATE WAY
200
ORANGE PARK FL 32073
US

Mailing Address
320 CORPORATE WAY
200
ORANGE PARK FL 32073
US



2. Principal Place of Business
1845 Town Center Blvd
Suite, Apt. #, etc.
Suite 105

3. Mailing Address
1845 Town Center Blvd
Suite, Apt. #, etc.
Suite 105

City & State
Orange Park FL
Zip
32003
Country
US

City & State
Orange Park
Zip
32003
Country
US

4. FEI Number
59-1271034

Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JOHN C. MYERS, III
320 CORPORATE WAY
STE. 200
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1845 Town Center Blvd.
Suite 105
City **Orange Park** **FL** Zip Code **32003**

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	KUHN, JAMES P.	
STREET ADDRESS	320 CORPORATE WAY, STE. 200	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, JUNE R.	
STREET ADDRESS	320 CORPORATE WAY, STE. 200	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GIEBEIG, LEAH B.	
STREET ADDRESS	320 CORPORATE WAY, STE. 200	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYAN, MARGARET P.	
STREET ADDRESS	320 CORPORATE WAY, STE. 200	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MYERS, JOHN C. I	
STREET ADDRESS	320 CORPORATE WAY, STE. 200	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1845 Town Center Blvd, Suite 105	
CITY-ST-ZIP	Orange Park FL 32003	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1845 Town Center Blvd, Suite 105.	
CITY-ST-ZIP	Orange Park FL 32003	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leah Burnette	
STREET ADDRESS	1845 Town Center Blvd, Suite 105	
CITY-ST-ZIP	Orange Park FL 32003	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1845 Town Center Blvd, Suite 105	
CITY-ST-ZIP	Orange Park FL 32003	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1845 Town Center Blvd, Suite 105	
CITY-ST-ZIP	Orange Park FL 32003	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Leah Burnette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-03 904-269-5857

YLP7

CR2E034 (10/02)

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