

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 350881

1. Entity Name

DIAMOND H CATTLE CO., INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90001 006 ***150.00

Principal Place of Business

Mailing Address

4050 NE 366 TRAIL
OKEECHOBEE FL 34972

4050 NE 366 TRAIL
OKEECHOBEE FL 34972-0186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1270853

Applied For

Not Applicable

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

HAIR, JR, G W
4050 NE 366 TRAIL
OKEECHOBEE FL 34972

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Delete
NAME	GRUGEL, DONNA	
STREET ADDRESS	4070 NE 366 TR	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAIR, JR G W	
STREET ADDRESS	4050 N.E. 366 TR.	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAIR III, G W	
STREET ADDRESS	4090 N.E. 366 TR.	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 employees.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

863-765-8451

Daytime Phone #

CR2E034 (9/99)