## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Jan 28, 2000 8:00 am Secretary of State **DOCUMENT # 374474** 1. Entity Name GRESHAM FARMS, INC. 01-28-2000 90168 050 \*\*\*150.00 Principal Place of Business Mailing Address 3402:S.:COUNTY-LINE\*RD. \_3402+S.+COUNTY LINE RD. -PLANT-CITY-FLA-33566-4154 PLANT: CITY-FL=33566 B0009751 3. Mailing Address 5140, COUNTY LINE ROAD S 2. Principal Place of Business 5140 COUNTY LINE ROAD S Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1311328 LAKELAND, FL 33811 LAKELAND, FL 33811 Not Applicable \$8.75\_Additional\_ 5.: Certificate of Status Desired POLK Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRESHAM, JAMES H. Street Address (P.O. Box Number is Not Acceptable) -3402-SECOUNTY-LINE-RD- 5140 COUNTY LINE RD.S PLANT: CITY:FL 33566' LAKELAND. FL 33811 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. AMES H. PRESIDENT DATE d or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE Change Addition TITLE Defete GRESHAM, JAMES H LINE RD. NAME NAME 3402 S. COUNTY LINE RD. 5140 S. County STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PLANT CITY FL LAKELAND, FL 33811 SD ☐ Change ☐ Addition TITLE TITLE COUNTY 5140 S. GRESHAM, JANICE NAME NAME 3402 S. COUNTY LINE RD. LINE RD. STREET ADDRESS STREET ADDRESS PLANT CITY FL--- LAKELAND, -FL-3381 CITY-ST-7IP-CITY-ST-ZIP ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITHE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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. AMES H. GRESHAM. PRESIDENT GNATURE: