

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 405605**

1. Entity Name

BARFIELD PRODUCE, INC.**FILED****May 15, 2000 8:00 am**
Secretary of State

05-15-2000 90274 050 ***150.00

Principal Place of Business

1212 N 15TH ST
IMMOKALEE FL 34142
US

Mailing Address

P.O. BOX 1089
IMMOKALEE FL 34143-1089

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1409592

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BARFIELD, JAMES E.
CROSS RD
IMMOKALEE FL 34142

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	BARFIELD, JAMES E.	CROSS ROAD	IMMOKALEE FL				
V	BARFIELD, THOMAS W.	560 FOX CREEK DRIVE	IMMOKALEE FL				
ST	BARFIELD, MARY ALICE	HWY. 29	IMMOKALEE FL				
C	BARFIELD, JAMES F.	HWY. 29	IMMOKALEE FL				

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

4/28/00

Date

941 6573613

Daytime Phone #