## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 411438**

Entity Name

CITY-ST-ZIP

SIGNATURE: 👊

S & S GREENWOOD FARMS, INC.

Principal Place of Business  135 ORANGE HILL RD HIPLEY FL 32428 IS  2. Principal Place of Business  Suite, Apt. #, etc.				Mailing Address  1135 ORANGE HILL RD CHIPLEY FL 32428-4395 US  3. Mailing Address Suite, Apt. #, etc.								
										•		
								t 198(t) 2126) tisåt tiett 81886 tilet sålt biett elett elett elett elett elett elett				
								DO NOT WRITE IN THIS SPACE				
City & State				City & State				4. FEI Number 59-1440880			Applied For	
										Not Applicable		
Zip Country			ج ا ـ -	Zip Cou		5. Certifica		Certificate of Status Desired	ficate of Status Desired 🗀 - 🧲 Fe		lditional 🛶 ed	
6. Name and Address of Current F				gistered Agent	T	7. Name and Address of New Registered Agent						
						Name					<del></del> _	]
SOL	.GER, M. DA	MD				Street Address (P.O. Box Number is Not Acceptable)						1
1135	5 ORANGE	HILL RD							<u> </u>			ļ
CHIE	PLEY,,FL 32	428										
						City			FL	Zip Co	de	
C. The shave	a name d natit	v submite this stateme	nt for th	a purpose of changing its	register	ad office or regis	stered an	ent, or both, in the State of	Florida			1
o. The above	D'40,	J H, Selgo	:11€101 (11 <b>2√</b>	e purpose or changing its	register	ea omoo ar regio	otorou ug	one, or boar, in the orate of				
SIGNATURE	Buch	DW YO	^ ·	Pres					4	- 26-2	<u>.000</u>	
SIGNATURE	Signature, typed	or printed name of registered	ent and I	itle it applicable (NOT	E: Registere	ed Agent signature requ	uired when re	einstating)	DATE			
9. This corp	oration is eliq	ible to satisfy its Intan	gible	FILE NOW	!!! FEE	IS \$150.00		10. Election Campaign	Einancina	¢ E	00.44 5-	
Tax filing requirement and elects to do so.			•	After MAY 1, 20			Trust Fund Contribu			00 May Be ed to Fees		
(See criteria on back)				Make Check Payat					·		1	
11.	OFFICERS AND				12.	<del></del>	AD	DITIONS/CHANGES TO C	FFICERS AND			}
TITLE	PD	DAMED M		☐ Delete	TITL					Change	☐ Addition	١٥
NAME STREET ADDRESS	SOLGER, DAVID M.  1135 ORANGE HILL RD CHIPLEY FL					EET ADDRESS						3
CITY-ST-ZIP						r-ST-ZIP						ì
TITLE	SDT	<del></del>		☐ Delete	TITL	.E		<u>-</u>		☐ Change	Addition	] {
NAME	SOLGER, JUDITH W.					AE .			2			
STREET ADDRESS 1135 ORANGE HILL ROAD						EET ADDRESS						
CITY-ST-ZIP	CHIPLEY	FL				r-st-zip			•		The same of the sa	-
TITLE -> -				Delete `	TITE NAM			-		☐ Change	Addition	
NAME STREET ADDRESS	;					EET ADDRESS						ļ
CITY-ST-ZIP						/-ST-ZIP						
TITLE	<u> </u>			☐ Delete	TITL	.E				Change	Addition	1
NAME	1				NAM							-
STREET ADDRESS					STR	EET ADDRESS						
CITY-ST-ZIP	<u> </u>				CIT	Y-ST-ZIP						
TITLE		<del>-</del> -		☐ Delete	1111	E				Change	☐ Addition	
NAME					NAN							
STREET ADDRESS					4	EET ADDRESS						
CITY-ST-ZIP	<del> </del>	<u> </u>			-₽-	Y-ST-ZIP			<del></del>			+
TITLE				☐ Delete	TITI Nan			,		☐ Change	Addition	
NAME STREET ADDRESS	· 1,					EET ADORESS						

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 empowered.

SIGNATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 02, 2000 8:00 am Secretary of State 06-02-2000 90019 030 \*\*\*150.00