

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 430986

1. Entity Name

BEARDSLEY FARMS INC

Principal Place of Business

RT. 1. BOX 466
CLEWISTON FL 33440

Mailing Address

RT. 1. BOX 466
CLEWISTON FL 33440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEARDSLEY, DAVID L
106 RIDGEWOOD AVE
CLEWISTON FL 33440

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, 2001 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 PD ☐ Delete
NAME BEARDSLEY, DAVID L.
STREET ADDRESS 106 RIDGEWOOD AVE
CITY-ST-ZIP CLEWISTON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME BEARDSLEY, JO H
STREET ADDRESS 125 W. DEL MONTE AVENUE
CITY-ST-ZIP CLEWISTON FL

TITLE SD ☒ Change ☐ Addition
NAME BEARDSLEY, Jo H.
STREET ADDRESS 323 E. Osceola Ave.
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE VD ☐ Delete
NAME BEARDSLEY, WAYNE J JR
STREET ADDRESS 125 W. DEL MONTE AVENUE
CITY-ST-ZIP CLEWISTON FL

TITLE VD ☒ Change ☐ Addition
NAME BEARDSLEY, Wayne J. Jr.
STREET ADDRESS 323 E. Osceola Ave.
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE TD ☐ Delete
NAME BEARDSLEY, HANNAH Y
STREET ADDRESS 716 POINSETTIA STREET
CITY-ST-ZIP CLEWISTON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE: Jo H. Beardsley Jo H. BEARDSLEY 2/5/01 863 983 7273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90015 041 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)