

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 436934

1. Entity Name

STEPHEN A. KNIGHT FARMS, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90065 029 ***158.75

Principal Place of Business

205 SW 1ST STREET
PO BOX 730
BELLE GLADE FL 33430

Mailing Address

205 SW 1ST STREET
PO BOX 730
BELLE GLADE FL 33430

2. Principal Place of Business

205 S. W. 1st St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 730

Suite, Apt. #, etc.

City & State

Belle Glade, FL

City & State

Belle Glade, FL

4. FEI Number

59-1494317

Applied For

Not Applicable

Zip

33430

Country

USA

Zip

33430

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, STEPHEN A
205 SW 1ST STREET
BELLE GLADE FL 33430

7. Name and Address of New Registered Agent

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

TITLE DP
NAME KNIGHT, STEPHEN A.
STREET ADDRESS 205 SW 1ST STREET
CITY-ST-ZIP BELLE GLADE FL ☐ Delete

TITLE V
NAME WILLIAMS, STEVEN L
STREET ADDRESS 205 SW 1ST STREET
CITY-ST-ZIP BELLE GLADE FL ☐ Delete

TITLE S
NAME KNIGHT S. N., JR.
STREET ADDRESS 205 SW 1ST STREET
CITY-ST-ZIP BELLE GLADE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Stephen A. Knight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen A. Knight

3/1/01

561-996-6262

Date

Daytime Phone #

0297884

CR2E034 (10/00)