

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 470595

1. Entity Name

DOUBLE 40 DAIRY, INC.

FILED

Apr 05, 2000 8:00 am  
Secretary of State

04-05-2000 90114 049 \*\*\*150.00

Principal Place of Business

Mailing Address

8356 N.E. JACKSONVILLE RD.  
OCALA FL 34479-1322  
US

8356 N.E. JACKSONVILLE RD.  
OCALA FL 32713-0361  
US

2. Principal Place of Business

131 FLORENCE BLVD

3. Mailing Address

P.O. BOX 361

Suite, Apt. #, etc.

DEBARY, FL

Suite, Apt. #, etc.

City & State

DEBARY, FL

4. FEI Number

59-1574501

Applied For

Not Applicable

Zip

Country

USA

Zip

32713

Country

USA

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

HIRST, PETER C  
8356 N.E. JACKSONVILLE ROAD  
OCALA FL 32671

Name

HIRST, PETER C.

Street Address (P.O. Box Number is Not Acceptable)

131 FLORENCE BLVD

City

DEBARY,

FL

Zip Code

32713

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 PETER C. HIRST

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/00

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 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 V  
NAME HIRST, JEFFREY C  
STREET ADDRESS 6 ALMOND DR  
CITY-ST-ZIP Ocala FL 34472 ☐ Delete

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

TITLE ST  
NAME HIRST, JANET M.  
STREET ADDRESS 8356 NE JACKSONVILLE RD.  
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME ST  
STREET ADDRESS HIRST, JANET M.  
CITY-ST-ZIP P.O. BOX 361 DEBARY, FL 32713

TITLE D  
NAME HIRST, JANET M.  
STREET ADDRESS 8356 NE JACKSONVILLE RD.  
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS HIRST, JANET M.  
CITY-ST-ZIP P.O. BOX 361 DEBARY, FL 32713

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

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:

PETER C. HIRST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/00 (407)330-6783

CR2E034 (9/99)