

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 537565

1. Entity Name

ANDY MOORMAN WOODMERE FARM, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90021 022 ***150.00

Principal Place of Business

Mailing Address

5221 N.ENGLEWOOD RD.
P.O.BOX 3839
VENICE FL 34293

5221 N.ENGLEWOOD RD.
P.O.BOX 3839
VENICE FL 34293-0839

2. Principal Place of Business

5221 SR 776

3. Mailing Address

PO BOX 656

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE, FL

City & State

VENICE FL

4. FEI Number

59-1767966

Applied For

Not Applicable

Zip

34293

Country

USA

Zip

34284

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORMAN, ANDREA
5221 N. ENGLEWOOD, RD.
VENICE FL 34293

7. Name and Address of New Registered Agent

Name

MOORMAN, ANDREA

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

5221 SR 776

City

Venice

FL

Zip Code

34293

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME MOORMAN, ANDREA
STREET ADDRESS 5221 N. ENGLEWOOD RD.
CITY-ST-ZIP VENICE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)