

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 549155

1. Entity Name

BOICE FARMS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90099 050 ***150.00

Principal Place of Business

Mailing Address

C/O COMTECH PROPERTIES
9862 COUNTY RD. STE 170
ORLANDO FL 32837
US

9862 COUNTY RD. 170
WESTCLIFFE CO 81252-9628
US

2. Principal Place of Business

3. Mailing Address

9862 County Rd 170
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Westcliffe CO

4. FEI Number

59-1772667

Applied For

Not Applicable

Zip
81252

Country

Custer

Zip

Country

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

BOZART, STEPHEN J
800 N. MAGNOLIA AVENUE, SUITE 1500
ORLANDO FL 32803

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
JACK, SUZANNE B
9862 COUNTY RD. 170
WESTCLIFFE CO ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PHILLIPS, AUBREY S
5055 ST. GEORGE AVE
CROZET VA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
1487 Lonesome Mtn. Hollow
Charlottesville, VA 22911

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BOZARTH, STEPHEN J
800 N. MAGNOLIA AVE., #1500
ORLANDO FL 32803 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
JACK, WILLIAM I
9862 COUNTY RD. 170
WESTCLIFFE CO ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
LINTON, CRAIG JR
3584C S.W. QUAIL MEADOW TRAIL
PALM CITY FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Suzanne B. Jack 1/10/2000 719 783-2935

CR2E034 (9/99)