

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90100 043 ***150.00

DOCUMENT # 549155

1. Entity Name
BOICE FARMS, INC.

Principal Place of Business

C/O SUZANNE B JACK
~~9862 COUNTY RD. 170~~
WESTCLIFFE CO 81252
~~US~~

Mailing Address

C/O SUZANNE B JACK
~~9862 COUNTY RD. 170~~
WESTCLIFFE CO 81252
~~US~~

733158



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

102 Snowy Egret
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 8374
 Suite, Apt. #, etc.

City & State

Amelia Island, FL

City & State

Amelia Island FL

4. FEI Number

59-1772667

Applied For

Not Applicable

Zip
32034

Country
Nassau

Zip
32035

Country
Nassau

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

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, 2002 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	PTD	<input type="checkbox"/> Delete
NAME	JACK, SUZANNE B	
STREET ADDRESS	9862 COUNTY RD. 170	
CITY-ST-ZIP	WESTCLIFFE CO	
TITLE	V	<input type="checkbox"/> Delete
NAME	PHILLIPS, AUBREY S	
STREET ADDRESS	1487 LONESOME MTN HOLLOW	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22911	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOZARTH, STEPHEN J	
STREET ADDRESS	800 N. MAGNOLIA AVE., #1500	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	S	<input type="checkbox"/> Delete
NAME	JACK, WILLIAM I	
STREET ADDRESS	9862 COUNTY RD. 170	
CITY-ST-ZIP	WESTCLIFFE CO	
TITLE	V	<input type="checkbox"/> Delete
NAME	LINTON, CRAIG JR	
STREET ADDRESS	3584C S.W. QUAIL MEADOW TRAIL	
CITY-ST-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 8374	
STREET ADDRESS	Amelia Island, FL	
CITY-ST-ZIP	32035	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 8374	
STREET ADDRESS	Amelia Island, FL	
CITY-ST-ZIP	32035	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/02 904 491-6812

CR2E034 (9/01)