

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 576939

1. Entity Name

JMH FARMS, INC.

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90022 015 \*\*\*150.00

609686



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

ROUTE 4, BOX 114  
BONIFAY FL 32425

ROUTE 4, BOX 114  
BONIFAY FL 32425-9804

2. Principal Place of Business 3090

HOOVER MILL ROAD

3. Mailing Address

3090 HOOVER MILL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BONIFAY, FL

City & State

BONIFAY, FL 32425

Zip

32425

Country

HOLMAS

Zip

32425

Country

HOLMES

4. FEI Number

59-1829645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOOVER, JACK  
ROUTE 4, BOX 114  
BONIFAY FL 32425

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, 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 PD ☐ Delete  
NAME HOOVER, JACK  
STREET ADDRESS RT. 4, BOX 114  
CITY-ST-ZIP BONIFAY FL

TITLE JACK HOOVER ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3090 HOOVER MILL ROAD  
CITY-ST-ZIP BONIFAY, FL 32425

TITLE D ☐ Delete  
NAME HOOVER, MACK  
STREET ADDRESS RT. 4, BOX 114  
CITY-ST-ZIP BONIFAY FL

TITLE MACK HOOVER ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3090 HOOVER MILL ROAD  
CITY-ST-ZIP BONIFAY, FL 32425

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

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jack Hoover*

1-25-00

Date

(850) 547-2474

Daytime Phone #

CR2E034 (9/99)