

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 588777

1. Entity Name:
WRIGHT'S CREEK FARM, INCORPORATED

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90287 006 ***550.00

Principal Place of Business
**1401 MINN AVE.
LYNN HAVEN FL 32444**

Mailing Address
**P.O. BOX 58
LYNN HAVEN FL 32444**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1851452**

Applied For

Not Applicable

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

**COOPER, GLENN JR
1401 MINN AVE.
LYNN HAVEN FL 32444**

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.

(NOT

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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	COOPER, RAY AUSTIN	
STREET ADDRESS	537 BUNKENS COVE RD	
CITY-STATE-ZIP	PANAMA CITY FL 32401	
TITLE	S	<input type="checkbox"/> Delete
NAME	LLOYD, JUNE	
STREET ADDRESS	447 SUDDOTH DR.	
CITY-STATE-ZIP	PANAMA CITY FL 32401	
TITLE	P	<input type="checkbox"/> Delete
NAME	COOPER, GLENN JR	
STREET ADDRESS	1401 MINN AVE.	
CITY-STATE-ZIP	LYNN HAVEN FL 32444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 in 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; 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

PRESIDENT

Date

Daytime Phone #

5/24/01 850 265-3722

CR2E034 (10/00)