

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 595569

1. Entity Name

ORANGE LANE FARM, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90055 031 ***150.00

Principal Place of Business

Mailing Address

~~3900 SW 23RD STREET~~
GAINESVILLE FL 32608

~~3900 SW 23RD STREET~~
GAINESVILLE FL 32608-3203

6724 SW 93rd Ave
Gainesville FL 32608

6724 SW 93rd Ave
Gainesville FL 32608

2. Principal Place of Business

3. Mailing Address

6724 SW 93rd Ave

6724 SW 93rd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gainesville FL

Gainesville FL

Zip

Country

Zip

Country

32608

US

32608

US

4. FEI Number

NOT APPLICABLE

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

HOLDER, MARION L
3900 SW 23RD STREET
GAINESVILLE FL 32608

Name

SAME

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

6724 SW 93rd Ave

City

Gainesville

FL

Zip Code

32608

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
T/D
HOLDER, THOMAS J
BOX 32 N/A
SORRENTO FL 32776 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
HOLDER, ELLIS W
135 HAMPDEN RD SE
WINTER HAVEN FL 33884 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
HOLDER, MARION L
3900 SW 23RD ST
GAINESVILLE FL 32608 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6724 SW 93rd Ave
Gainesville FL 32608 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Delete

TITLE
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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:

Marion L Holder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/31/00 (352)372-0344