

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 647040

1. Entity Name

HARTFORD FARMS, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90132 047 \*\*\*158.75

Principal Place of Business

Mailing Address

BOX 618, HIGHWAY 20 WEST  
 BLOUNTSTOWN FL 32424

BOX 618, HIGHWAY 20 WEST  
 BLOUNTSTOWN FL 32424-0618

2. Principal Place of Business

Box 618, Highway 20 West  
 Suite, Apt. #, etc.

3. Mailing Address

Box 618 Highway 20 West  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Blountstown FL

City & State

Blountstown FL

4. FEI Number

59-1940375

Applied For

Not Applicable

Zip

32424

Country

USA

Zip

32424

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

VAN LIEROP, DWIGHT E  
 RT 1, BOX 177  
 HWY 275 SOUTH  
 BLOUNTSTOWN FL 32424

7. Name and Address of New Registered Agent

Name: Ronald A. Van Lierop  
 Street Address (P.O. Box Number is Not Acceptable):  
 Box 618, Highway 20 West  
 City: Blountstown FL Zip Code: 32424

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

TITLE: P ☐ Delete  
 NAME: VAN LIEROP, RONALD A  
 STREET ADDRESS: 996 MAGNOLIA AVE  
 CITY-ST-ZIP: BLOUNTSTOWN FL 32424

TITLE: ST ☒ Delete  
 NAME: VAN LIEROP, DWIGHT E.  
 STREET ADDRESS: HWY 275 SOUTH  
 CITY-ST-ZIP: BLOUNTSTOWN FL 32424

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
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TITLE: ☐ Delete  
 NAME:  
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 CITY-ST-ZIP:

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☒ Addition  
 NAME: William A. Smith  
 STREET ADDRESS: Secretary/Treasurer  
 CITY-ST-ZIP: Rt 2 Box 86-D  
 Altamonte 32421

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ronald A. Van Lierop, President 2/21/2000 850 674-5431