2000 UNIFORM BUSINESS REPORT (UBR)

Jan 14, 2000 8:00 am DOCUMENT # 654068 1. Entity Name **Secretary of State** C & M RUCKS DAIRY, INC. 01-14-2000 90044 035 ***150.00 Mailing Address Principal Place of Business 606 SW 28TH TERRACE 22400 N.W. 14TH AVENUE OKEECHOBEE FL 34974-3948 OKEECHOBEE FL 34972 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1957179 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUCKS, CLIFFORD A Street Address (P.O. Box Number is Not Acceptable) 606 SW.28H TERR . **OKEECHOBEE FL 34974** TERRACE 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible -10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **▼** Delete TITLE TITLE RUCKS MARGARET RUCKS, CLIFFORD A. NAME NAME 604 S.W. 28# TERRACE STREET ADDRESS 606 S.W. 28TH TERRACE STREET ADDRESS OKeechobee Fl CITY-ST-ZIP -OKEECHOBEE FL CITY-ST-ZIP Addition ☐ Delete TITLE Rucks CHAD W. 606 S.W. 28# TERRACE RUCKS, MARGARET NAME NAME 606 S W 28TH TERRACE STREET ADDRESS STREET ADDRESS OKecchobee Fl. 34974 CITY-ST-7IP OKEECHOBEE FL CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME 606 S.W. 28# TERRACE STREET ADDRESS STREET ADDRESS Okecchobec Fl. CITY-ST-ZIP CITY-ST-ZiP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP " 🗂 Change " - 🖸 Addition Delete* TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appther like empowered.
