

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726184

1. Entity Name

STEPPIN' STONE FARM, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90167 038 ****61.25

Principal Place of Business

Mailing Address

8421 PRITCHER ROAD.
LITHIA FL 33547

8421 PRITCHER ROAD.
LITHIA FL 33547-4245

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7348139

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHURCHILL, CYNTHIA S
8421 PRITCHER ROAD
LITHIA FL 33547

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KEISER, EDWARD H JR
STREET ADDRESS 6102 LAWNCREST PLACE
CITY-ST-ZIP DOVER FL 33527 ☐ Delete

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

TITLE VD
NAME ZETLER, JAMES
STREET ADDRESS 250 EAGLE DRIVE
CITY-ST-ZIP JUPITER FL 33477 ☐ Delete

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

TITLE SD
NAME LOEBER, ROBERT
STREET ADDRESS 908 KNIGHT ST
CITY-ST-ZIP PLANT CITY FL 33566 ☐ Delete

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

TITLE TD
NAME THOMAS, MIKE
STREET ADDRESS 8868 THOMAS RANCH LN
CITY-ST-ZIP TAMPA FL 33626 ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

CR2E037 (9/99)

813-650-8700

Cynthia S. Churchill 1-11-2000