

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90123 008 ****76.00

DOCUMENT # 747361

1. Entity Name

CLOVER LEAF FARMS CLUB, INC.

Principal Place of Business

3090 WESTLAND ROAD
BROOKSVILLE FL 34601
US

Mailing Address

3090 WESTLAND ROAD
BROOKSVILLE FL 34601
US

2. Principal Place of Business

CLOVER LEAF FARMS

3. Mailing Address

3090 WESTLAND RD.

Suite, Apt. #, etc.

3090 WESTLAND RD.

Suite, Apt. #, etc.

BROOKSVILLE

City & State

BROOKSVILLE, FL.

City & State

FLORIDA

Zip

34601

Country

U.S.A.

Zip

34601

Country

U.S.A.

4. FEI Number

59-2347675

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LITTELL
LITTELL, LYDIA W
3090 WESTLAND ROAD
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name **LITTELL, LYDIA W.**

Street Address (P.O. Box Number is Not Acceptable)
3090 WESTLAND RD.

City **BROOKSVILLE** **FL** Zip Code **34601**

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 *Lydia W. Littell*

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/02/01

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

TITLE **P** ☐ Delete
NAME **GLODEN, THOMAS**
STREET ADDRESS **900 NORTH BROAD STREET #4602**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **P** ☐ Delete
NAME **DELANEY, HUGH**
STREET ADDRESS **900 NORTH BROAD STREET, #5335**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **S** ☐ Delete
NAME **PALMER, EVALINA**
STREET ADDRESS **900 NORTH BROAD STREET #18**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **T** ☐ Delete
NAME **CAVANAUGH, GEORGE**
STREET ADDRESS **900 N. BROAD #4231**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☐ Delete
NAME **HOLDRIDGE, MURIEL**
STREET ADDRESS **900 NORTH BROAD STREET #3105**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **D** ☐ Delete
NAME **SCHMIDT, LLOYD**
STREET ADDRESS **900 NORTH BROAD STREET 32458**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **GLODEN, THOMAS**
STREET ADDRESS **4602 DAWNGATE LANE**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE **VP** ☒ Change ☐ Addition
NAME **DELANEY, HUGH**
STREET ADDRESS **5335 HARRINGTON ST.**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE **S** ☒ Change ☐ Addition
NAME **PALMER, EVALINA**
STREET ADDRESS **18 CLOVERLEAF CIRCLE**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE **T** ☐ Change ☒ Addition
NAME **LITTELL, LYDIA W.**
STREET ADDRESS **3090 WESTLAND RD.**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE **D** ☒ Change ☐ Addition
NAME **HOLDRIDGE, MURIEL**
STREET ADDRESS **3105 ELLIS COURT**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE **D** ☒ Change ☐ Addition
NAME **SCHMIDT, LLOYD**
STREET ADDRESS **4258 TIPPERARY LANE**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

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: *Lydia W. Littell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/01 352-799-5197

Date

Daytime Phone #

CR2E037 (10/00)