

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90068 014 ****70.00

DOCUMENT # 747361

1. Entity Name

CLOVER LEAF FARMS CLUB, INC.

Principal Place of Business

Mailing Address

**CLOVER LEAF FARMS
 3090 WESTLAND RD
 BROOKSVILLE FL 34601
 US**

**CLOVER LEAF FARMS
 3090 WESTLAND RD
 BROOKSVILLE FL 34601
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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

LITTELL, LYDIA W.

**LITTELL, LYDIA W
 3090 WESTLAND ROAD
 BROOKSVILLE FL 34601**

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

Lydia W. Littell

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 **P** ☐ Delete
 NAME **GLODEN, THOMAS**
 STREET ADDRESS **4602 DAWNGATE LANE**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

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

TITLE **P VP** ☐ Delete
 NAME **DELANEY, HUGH**
 STREET ADDRESS **5335 HARRINGTON ST**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

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

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

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

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

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

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

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

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

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: *Lydia W. Littell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/02 352-799-5197

CR2E037 (9/01)