

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A04788**

1. Entity Name

715 FARMS, LTD.

FILED

00 JAN 19 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**201 CARISSA DRIVE
PAHOKEE FL 33476**

**P.O. BOX 579
PAHOKEE FL 33476-0579**

2. Principal Place of Business

3. Mailing Address

155 BACOM POINT RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PAHOKEE, FLORIDA

4. FEI Number

59-0923976

Applied For

Not Applicable

Zip

Country

Zip

Country

33476

U.S.A.

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

**NOWICKI, MARK J ESQUIRE
14155 U.S. HIGHWAY ONE, SUITE 302
JUNO BEACH FL 33408**

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

9. Capital Contributions
as Shown on record.

\$3,162,614.21

10. Amount of Capital Contributions
in FLORIDA to date.

3,162,614.21

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **345638**
NAME **LLOYD HUNDLEY, INC.**
STREET ADDRESS **P.O. BOX 158**
CITY-ST-ZIP **PAHOKEE FL 33476**

STREET ADDRESS **155 BACOM POINT ROAD**
CITY-ST-ZIP **PAHOKEE, FLORIDA 33476**

DOCUMENT # **167630**
NAME **LEWIS FRIEND FARMS INC.**
STREET ADDRESS **P.O. BOX 199**
CITY-ST-ZIP **PAHOKEE FL 33476**

STREET ADDRESS **410 STATE MARKET ROAD**
CITY-ST-ZIP **PAHOKEE, FLORIDA 33476**

DOCUMENT # **APELGREN, ROBERT TRUSTEE**
NAME **P.O. BOX 200**
STREET ADDRESS **PAHOKEE FL 33476**

STREET ADDRESS **800 MCCLURE ROAD**
CITY-ST-ZIP **PAHOKEE, FLORIDA 33476**

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*****535.00 ***535.00**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

LEWIS FRIEND FARMS, INC.

SIGNATURE: BY:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01-12-00

561-924-5651

Date

Daytime Phone #