

2000 UNIFORM BUSINESS REPORT (UBR)

K20018 AF

DOCUMENT # A96000001208			
1. Entity Name LEONARD FARMS LIMITED			
Principal Place of Business P.O. BOX 368 BLOUNTSTOWN FL 32424		Mailing Address P.O. BOX 368 BLOUNTSTOWN FL 32424-0368	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LEONARD, BURKE H 1701 SOUTH PEAR STREET BLOUNTSTOWN FL 32424		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. Capital Contributions as Shown on record. \$9,544,500.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 # NAME STREET ADDRESS CITY - ST - ZIP LEONARD, BURKE H 1701 SOUTH PEAR STREET BLOUNTSTOWN FL 32424		STREET ADDRESS CITY - ST - ZIP 300003223153--9 -04/25/00--01074--006 ****437.50 ****437.50	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP LEONARD, JOSEPH H 1526 S. MAIN, BOX 595 BLOUNTSTOWN FL 32424		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP LEONARD, MICHAEL W ROUTE 1, BOX 188 BLOUNTSTOWN FL 32424		STREET ADDRESS CITY - ST - ZIP 300003223153--9 -04/25/00--01074--007 *****88.75 *****88.75	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE **MMH**

4. FEI Number **59-3404699** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

SIGNATURE: *[Signature]* **3-20-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)