

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F13383

1. Entity Name

JUNIPER FARMS, INC.

**FILED**  
Feb 13, 2000 8:00 am  
**Secretary of State**

02-13-2000 90012 004 \*\*\*150.00

Principal Place of Business

Mailing Address

~~GADSDEN COUNTY RD 379~~  
~~P.O. BOX 70~~  
~~GREENSBORO FL 32330~~

~~GADSDEN COUNTY RD 379~~  
~~P.O. BOX 70~~  
~~GREENSBORO FL 32330-0070~~

2. Principal Place of Business

3. Mailing Address

3612 Juniper Rd.

P.O. Box 70

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Quincy FL

City & State

Zip

Country

Zip

Country

32351

Gadsden

32330-0803

4. FEI Number

59-2052273

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

FLETCHER, A. CLARK  
HWY-379  
GREENSBORO FL 32330

Name

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

3612 Juniper Rd.

City

Quincy

FL

Zip Code

32351

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. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLETCHER, ADRIAN C.	
STREET ADDRESS	GADSDEN COUNTY RD 379	
CITY-ST-ZIP	GREENSBORO FL 32330	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLETCHER, A. CLARK	
STREET ADDRESS	GADSDEN COUNTY RD 379	
CITY-ST-ZIP	GREENSBORO FL 32330	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FENN, ROSALYN	
STREET ADDRESS	COUNTY RD 274	
CITY-ST-ZIP	GREENSBORO FL 32330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3612 Juniper Rd.	
CITY-ST-ZIP	Quincy FL 32351	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3612 Juniper Rd.	
CITY-ST-ZIP	Quincy FL 32351	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3612 Juniper Rd.	
CITY-ST-ZIP	Quincy FL 32351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Adrian C. Fletcher

Date

Daytime Phone #

1/28/00 (850) 442-6434

CR2E034 (9/99)