

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000003279**

1. Entity Name

**SOMERSET FARMS OF ALACHUA, INC.**

Principal Place of Business

**327 NW 23RD AVENUE  
SUITE 1  
GAINESVILLE FL 32609**

Mailing Address

**P.O. BOX 5606  
GAINESVILLE FL 32627**

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

**54-0761320**

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

**KIRKPATRICK, RANDY D  
13521 NW 13TH PLACE  
ALACHUA FL 32615**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/17/02**

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, 2002 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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>KIRKPATRICK, RANDY D JR</b>	
STREET ADDRESS	<b>5505 NW 48 PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KIRKPATRICK, CHARLES C</b>	
STREET ADDRESS	<b>5505 NW 48 PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KIRKPATRICK, NANCY J</b>	
STREET ADDRESS	<b>5505 NW 48 PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>ARON C Kirkpatrick</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>2111 Gachet Court Apt 208</b>	
STREET ADDRESS	<b>Orlando, FL 32807</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP. Kirkpatrick Charles C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2362 SW 129 Ave</b>	
STREET ADDRESS	<b>Winter, FL 33027</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Decd</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P. ARON C Kirkpatrick</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2111 Gachet Court Apt 208</b>	
STREET ADDRESS	<b>Orlando, FL 32807</b>	
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/02 888 828 2068**  
Date Daytime Phone #

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90094 001 \*\*\*300.00

**34034**



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)