

2003 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 DEC 16 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003279**

1. Entity Name

**Somerset Farms of Alachua, Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**13521 NW 137th Place**

Suite, Apt. #, etc.

3. Mailing Address

**13521 NW 137th Place**

Suite, Apt. #, etc.

**REINSTATEMENT 03**

DO NOT WRITE IN THIS SPACE

City & State

**Alachua, FL**

City & State

**Alachua, FL**

4. FEI Number

**34-0761320**

Applied For

Not Applicable

Zip

**32615**

Country

**USA**

Zip

**32615**

Country

**USA**

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Randy D. Kirkpatrick**

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

**13521 NW 137th Place**

City

**Alachua**

**FL**

**32615**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**[Signature]**

**RANDY D. KIRKPATRICK**

**12/10/2003**

DATE

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

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **President, Secretary, Treasurer**  
NAME **Randy D. Kirkpatrick**  
STREET ADDRESS **13521 NW 137th Place**  
CITY-ST-ZIP **Alachua, FL 32615**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**300025512623**  
**12/16/03--01013--001 \*\*\*150.00**

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 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

**12/10/2003**

Date

**386-462-2340**

Daytime Phone #

CR2E0345 (12/02)

***Somerset Farms of Alachua***  
13521 NW 137<sup>th</sup> Place  
Alachua, FL 32615-6203  
Phone (386) 462-2340

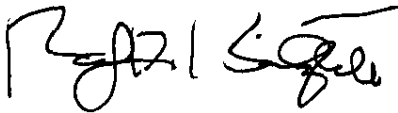
December 10, 2003

To: Florida Department of State

RE: Annual Filing Report and Fee

Dear Sir or Madam:

Please find enclosed the 2003 Uniform Business Report for Somerset Farms of Alachua, Inc. We never received the original form for renewal this year. Upon researching our corporation on the Florida Department of State's website, I found that the mailing address for the corporation is incorrect. Enclosed is the \$150 filing fee. I hereby request that any penalties associated with receiving this report and payment late be forgiven due to the fact that we never received the renewal form. Your assistance in this matter is greatly appreciated.



Randy D. Kirkpatrick  
President

Enclosures