

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004134

1. Entity Name

FOUNTAINHEAD FARM, INC.

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90168 017 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 1615
BELLEVIEW FL 34421

P.O. BOX 1615
BELLEVIEW FL 34421-1615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NELLIGAN, JAMES E
2020 SE 59TH ST.
OCALA FL 34480

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. 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	CP	<input type="checkbox"/> Delete
NAME	NELLIGAN, JAMES E	
STREET ADDRESS	2020 SE 59TH ST.	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	CV	<input checked="" type="checkbox"/> Delete
NAME	BROWN, CAROLYN	
STREET ADDRESS	5741 NW 58TH TERR.	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	NELLIGAN, MICHELLE	
STREET ADDRESS	2346 SE 19TH CIRCLE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	EWING, DENISE	
STREET ADDRESS	90 HALL RD. #77	
CITY-ST-ZIP	STURBRIDGE MA 01566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nelligan, James E.	
STREET ADDRESS	2020 S.E. 59th St.	
CITY-ST-ZIP	Ocala, Fla 34480	
TITLE	CV & DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helen Harper	
STREET ADDRESS	2020 S.E. 59th St.	
CITY-ST-ZIP	Ocala, Fla 34480	
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		
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)