

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G66677

1. Entity Name

CROMARTIE FARMS, INC.

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90034 023 ***550.00

Principal Place of Business

P.O. BOX 2976
OCALA FL 34478

Mailing Address

P.O. BOX 2976
POB 2976
OCALA FL 34478
US

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

59-2403127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROMARTIE, ROBERT A.
~~12100 N.W. 193RD STREET~~ 1222 SE 7th Street
P.O. BOX 2976
~~MICANOPY FL 32667~~ Ocala, FL 34478

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PT CROMARTIE, ROBERT 12100 N.W. 193RD STREET 1222 SE 7th Street MICANOPY FL Ocala, FL 34471	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, trustee, or 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED Robert A. Cromartie

Date

7/26/00

Daytime Phone #

352-364-9850

CR2E034 (5/00)

Attachment ~~to~~ 666677

~~BOY04178~~
BOY04178

CROMARTIE FARMS, INC.
P.O. BOX 2976
OCALA, FL 34478

July 26, 2000


Florida Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Cromartie Farms, Inc. FEI Number 59-2403127

Dear Sirs,

Enclosed is the 2000 Uniform Business Report (URB) for Cromartie Farms, Inc.
Please note this report is being filed from the second notice, as we did not receive
the original notice.

Sincerely,



Robert A. Cromartie