

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90074 021 ***150.00

DOCUMENT # H18256

1. Entity Name

CEDAR CREST FARMS, INC.

Principal Place of Business

% CLAUDE S. JONES
12500 N.W. 56TH AVE.
GAINESVILLE FL 32653
US

Mailing Address

% CLAUDE S. JONES
12500 N.W. 56TH AVE.
GAINESVILLE FL 32653-3566
US

2. Principal Place of Business

% C. SIDNEY JONES, JR.

Suite, Apt. #, etc.

20805 N.E. 6TH ST.

City & State

GAINESVILLE, FL

Zip

32609

Country

USA

3. Mailing Address

% C. SIDNEY JONES, JR.

Suite, Apt. #, etc.

20805 N.E. 6TH ST.

City & State

GAINESVILLE, FL

Zip

32609

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2442174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, CLAUDE S.
12500 N.W. 56TH AVE.
GAINESVILLE FL 32653

7. Name and Address of New Registered Agent

Name
JONES, C. SIDNEY, JR.

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

20805 N.E. 6TH ST.

City

GAINESVILLE

FL

Zip Code

32609

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.

C. SIDNEY JONES, JR., PD

4/15/02

(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, 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

TITLE PD ☐ Delete
NAME JONES, C. SIDNEY, JR.
STREET ADDRESS 2610 NW 11TH AVE.
CITY-ST-ZIP GAINESVILLE FL

TITLE VPD ☐ Delete
NAME JONES, DORIS J.
STREET ADDRESS 12500 NW 56TH AVE.
CITY-ST-ZIP GAINESVILLE FL

TITLE STD ☐ Delete
NAME JONES, CLAUDE S.
STREET ADDRESS 12500 NW 56TH AVE.
CITY-ST-ZIP GAINESVILLE FL

TITLE DAS ☐ Delete
NAME JONES, RITA B.
STREET ADDRESS 2610 NW 11TH AVE.
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME JONES, C. SIDNEY, JR.
STREET ADDRESS 20805 N.E. 6TH ST.
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DAS ☒ Change ☐ Addition
NAME JONES, RITA B.
STREET ADDRESS 20805 N.E. 6TH ST.
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIDNEY JONES, JR. 4/15/02 (352) 485-2485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)