

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90099 030 \*\*\*150.00

<b>DOCUMENT # H23664</b>			
1. Entity Name <b>CATALOOCHEE FARM, INC.</b>			
Principal Place of Business <b>1402 DELLWOOD ROAD WAYNESVILLE NC 28786 US</b>		Mailing Address <b>1402 DELLWOOD ROAD WAYNESVILLE NC 28786-6914 US</b>	
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 <b>59-1412365</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>WIGHTMAN, W S JR 2115 RANGE ROAD CLEARWATER FL 33765</b>				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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 \_\_\_\_\_ (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.  **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	VD	<input type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WIGHTMAN, W. S. JR.			NAME	Wightman, W.S. Jr.		
STREET ADDRESS	1402 DELLWOOD ROAD			STREET ADDRESS	1402 Dellwood Road		
CITY-ST-ZIP	WAYNESVILLE NC 28786			CITY-ST-ZIP	Waynesville, NC 28786		
TITLE	STD	<input type="checkbox"/> Delete		TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, CAROLYN			NAME	Smith, Carolyn		
STREET ADDRESS	2333 BURKE LANE			STREET ADDRESS	4743 Cornerstone Lane		
CITY-ST-ZIP	MARIANNA FL 32448			CITY-ST-ZIP	Marianna, FL 32446		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TYRE, DENISE			NAME	Tyre, Denise		
STREET ADDRESS	632 BOSPHOROS			STREET ADDRESS	632 Bosphorous		
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP	Tampa, FL 33606		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEAL, CAROL K.			NAME	Neal, Carol K.		
STREET ADDRESS	2722 INDIAN SPRINGS RD			STREET ADDRESS	2722 Indian Springs Rd.		
CITY-ST-ZIP	MARIANNA FL			CITY-ST-ZIP	Marianna, FL 32446		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WIGHTMAN, BRENT C			NAME	Wightman, Brent C		
STREET ADDRESS	650 MOUNTAIN LAKE DRIVE			STREET ADDRESS	650 Mountain Lake Drive		
CITY-ST-ZIP	WAYNESVILLE NC 38786			CITY-ST-ZIP	Waynesville, NC 28786		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:** \_\_\_\_\_ **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CRZE034 (9/99)