2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED DOCUMENT # **J04733** May 15, 2000 8:00 am 1. Entity Name Secretary of State **ACUFF IRRIGATION COMPANY** 05-15-2000 90304 048 ***150.00 Principal Place of Business Mailing Address 841 ROCK HILL CHURCH RD 841 ROCK HILL CHURCH ROAD COTTONDALE FL 32431-8809 COTTONDALE FL 32431 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2783963 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ACUFF, WILLIAM P. Street Address (P.O. Box Number is Not Acceptable) 1320 TIMBERIDGE LOOP N. **LAKELAND FL 33805** Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. □ Change Addition CDP ☐ Delete TITLE TITLE NAME NAME ACUFF, WILIAM T. STREET ADDRESS STREET ADDRESS 841 ROCK HILL CHURCH RD CITY-ST-ZIP CITY-ST-ZIP COTTONDALE FL Delete TITLE TITLE ACUFF, FRANK V. NAME STREET ADDRESS STREET ADDRESS 650 CORBINA RD CITY-ST-ZIP CITY-ST-ZIP CHIPLEY FL ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME ACUFF, BETTY J. STREET ADDRESS STREET ADDRESS 841 ROCK HILL CHURCH RD CITY-ST-ZIP CITY-ST-ZIP **COTTONDALE FL** ☐ Change Addition Delete TITLE TITLE NAME NAME ACUFF. TAINA S STREET ADDRESS STREET ADDRESS 650 CORBIN RD CITY-ST-ZIP CITY-ST-ZIP CHIPLEY FL [7] Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE 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