## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # J30856**

1. Entity Name

Secretary of State MERRYGRO FARMS, INC. 01-24-2000 90076 003 \*\*\*150.00 Principal Place of Business Mailing Address 34135 CARDINAL LN. 34135 CARDINAL LN. EUSTIS FL 32736-8811 EUSTIS FL 02720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2711088 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RINGER SCHLOSSER, RICHARD A. 500 E KENNEDY BLVD STE 200 TAMPA FL 33602 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 name of registered agent and title if applicable (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME RAAB, ANDRE NAME STREET ADDRESS STREET ADDRESS 34135 CARDINAL LN CITY-ST-ZIP CITY-ST-ZIP **EUSTIS FL 32736** DSTV Delete Change ☐ Addition TITLE TITLE ROBISON, DAVID NAME NAME 34135 CARDINAL LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **EUSTIS FL** Change ☐ Addition TITLE TITLE ☐ Delete RAAB, NANCY NAME NAME STREET ADDRESS 3485 CARDINAL LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **EUSTIS FL 32736** ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied with this filing does not qualify accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute his people as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empoy changed, or on an attachment

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ Delete

☐ Change

Addition

FILED Jan 24, 2000 8:00 am