## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRIN

SIGNATURE:

Tre

ED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED **DOCUMENT # J77046** Feb 14, 2000 8:00 am 1. Entity Name **Secretary of State** LITTLE FARM PROPERTIES, INC. 02-14-2000 90050 015 \*\*\*150.00 Principal Place of Business Mailing Address 5154 ISLAND VIEW CIRCLE. NORTH 5154 ISLAND VIEW CIRCLE, NORTH POLK CITY FL 33868 POLK CITY FL 33868-8904 00019332 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2829953 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required ---7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROCKMAN, LOUIS M. Street Address (P.O. Box Number is Not Acceptable) 8500 SW 92 ST SUITE 106 MIAMI FL 33156 Zip Code City 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) 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE SCHAUFELE, JACK NAME NAME 5154 ISLAND VIEW CIRCLE, NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POLK CITY FL 33868 TITLE ☐ Delete Schaufele, Nancy SCHAUFELE, NANCY NAME NAME 5154 Island View Cir, N. STREET ADDRESS 2050 N.E. 39TH ST. STREET ADDRESS CITY-ST-ZIP Polk City (FI 33868 CITY-ST-ZIP FT: LAUDERDALE FL 93908 the second of the second TITLE Delete TITLE SCHAUFELE, NANCY NAME NAME 5154 ISLAND VIEW CIRCLE, NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POLK CITY FL 33868 ☐ Addition ☐ Change TITLE ☐ Detete EDMONDS, EDWIN NAME 3050 N.E. 39TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.