

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90113 013 ***150.00

DOCUMENT # J96984

1. Entity Name

CLOVER CREEK FOODS, INC.

Principal Place of Business

**1115 OLEANDER AVENUE
LAKELAND FL 33801-2013**

Mailing Address

**1115 OLEANDER AVENUE
LAKELAND FL 33801-2013**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

412 E. BELVEDERE ST

Suite, Apt. #, etc.

412 E. BELVEDERE ST

City & State

LAKELAND FL

City & State

LAKELAND FL

Zip

Country

33803 POKE

Zip

Country

33803 POKE

4. FEI Number

59-2851297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BESWICK, BOB
1115 OLEANDER AVE
LAKELAND FL 33801**

**412 E BELVEDERE ST
LAKELAND FL 33803
ADD CHANGE ONLY**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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 **VD** ☐ Delete
NAME **WISHARD, IVAN.**
STREET ADDRESS **1318 BRYON DRIVE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **PD** ☐ Delete
NAME **BESWICK, BOB**
STREET ADDRESS **412 E. BELVEDERE**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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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: *Ivan Wishard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IVAN WISHARD

Date

Daytime Phone #

4-20-01 727-849-6579

CR2E034 (10/00)