

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K53384**

1. Entity Name

CROOK CREEK FARM, INC.

Principal Place of Business

**4209 MILLSIDE RD
LAUREL HILL FL 32567
US**

Mailing Address

**4209 MILLSIDE RD
LAUREL HILL FL 32567
US**

2. Principal Place of Business

P.O. Box 4675

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4675

Suite, Apt. #, etc.

City & State

Seaside, FL

Zip

32459

Country

U.S.A.

City & State

Seaside, FL

Zip

32459

Country

U.S.A.

4. FEI Number

59-2948121

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

**GREEN, H. BYRON
4209 MILLSIDE RD
LAUREL HILL FL 32567**

7. Name and Address of New Registered Agent

Name **H. BYRON GREEN**
Street Address (P.O. Box Number is Not Acceptable)
205 Ruskin Place, Seaside, FL 32459
P.O. Box 4675
City **Seaside** FL Zip Code **32459**

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DP GREEN, H. BYRON 4209 MILLSIDE RD LAUREL HILL FL 32567	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HOLLOWAY, CYNTHIA 4209 MILLSIDE RD LAUREL HILL FL 32567	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GREEN, H. BYRON 4209 MILLSIDE RD LAUREL HILL FL 32567	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address change only P.O. Box 4675 Seaside, FL 32459	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address change only P.O. Box 4675 Seaside, FL 32459	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address change only P.O. Box 4675 Seaside, FL 32459	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE REQUIRED H. BYRON GREEN

Date

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-20-2002 90084 037 ***150.00

37402



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)