

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90151 044 ***150.00

DOCUMENT # K60538

1. Entity Name

SUMMERDALE FARMS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

410 E. GOVERNMENT ST.

Suite, Apt. #, etc.

3. Mailing Address

P. O. BOX 1671

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA, FL. 32501

City & State

PENSACOLA, FL. 32597

4. FEI Number

59-2926097

Applied For

Not Applicable

Zip

32501

Country

ESCAMBIA

Zip

32597

Country

ESCAMBIA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RICHARD H. SHERRILL

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

410 E. GOVERNMENT ST.

City

PENSACOLA

FL

Zip Code
32501

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
DIRECTOR
RICHARD H. SHERRILL
410 E. GOVERNMENT ST.
PENSACOLA, FL. 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
ROBERT H. KAHN, JR.
320 WEST LEE ST.
PENSACOLA, FL.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

RM

RICHARD H. SHERRILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 16, 2002 (850)-432-9827

Date

Daytime Phone #

CR2E034B (12/01)