

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K66678

1. Entity Name

GREENRIDGE FARM, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90024 015 ***150.00

Principal Place of Business

Mailing Address

% TIMOTHY J. WARFEL
2120 KILLARNEY WAY
TALLAHASSEE FL 32317-2458
US

% TIMOTHY J. WARFEL
2120 KILLARNEY WAY
TALLAHASSEE FL 32308-3402
US

2. Principal Place of Business

c/o Timothy J. Warfel

3. Mailing Address

c/o Timothy J. Warfel

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2039 Centre Pointe Boulevard

2039 Centre Pointe Boulevard

City & State

City & State

Tallahassee, FL

Tallahassee, FL

Zip

Country

32308

US

Zip

Country

32308

US

4. FEI Number

58-1830020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARFEL, TIMOTHY J.
2120 KILLARNEY WAY
TALLAHASSEE FL 32317

Name

Street Address (P.O. Box Number is Not Acceptable)
2039 Centre Pointe Boulevard

City
Tallahassee

FL

Zip Code
32308

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 *Timothy J. Warfel* Registered Agent 2/1/00

Signature, typed or printed name of registered agent and 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS BARWICK, WILLIAM LEE, JR
CITY-ST-ZIP 4721 OZELL RD
BOSTON GA

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *William Lee Barwick, Jr.* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM LEE BARWICK, JR.

3-14-2000

Date

912-226-8996

Daytime Phone #

CR2E034 (9/99)