

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90120 039 ***150.00

DOCUMENT # K70944

1. Entity Name

RUSTY ACRES, INC.

Principal Place of Business

**RT 22 BOX 395
TUNSL LANE
LAKE CITY FL 32025
US**

Mailing Address

**7775-150TH ST
LIVE OAK FL 32060
US**

2. Principal Place of Business

3. Mailing Address

Rt 22 Box 395

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake City FL

Zip

Country

Zip

Country

32025 Columbia

4. FEI Number

59-2933422

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

**CAMERON, KIRK A.
RT 10 BOX 790-C
LAKE CITY FL 32055**

Name

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

City

FL

Zip Code

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 *Kirk A. Cameron*

4-27-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CAMERON, KIRK A.**
STREET ADDRESS **7775-150TH ST**
CITY-ST-ZIP **LIVE OAK FL**

TITLE **P** ☒ Change ☐ Addition
NAME **Kirk Cameron**
STREET ADDRESS **Rt 1 Box 1650**
CITY-ST-ZIP **O'Brien FL 32071**

TITLE **ST** ☐ Delete
NAME **CAMERON, TERRI JO**
STREET ADDRESS **7775-150TH ST**
CITY-ST-ZIP **LIVE OAK FL**

TITLE **ST** ☒ Change ☐ Addition
NAME **Terri Cameron**
STREET ADDRESS **Rt 1 Box 1650**
CITY-ST-ZIP **O'Brien FL 32071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *Terri J. Cameron*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

(386) 755-3951

Daytime Phone #

CR2E034 (10/00)