

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 12, 2000 8:00 am**
Secretary of State

05-12-2000 90034 044 ***150.00

DOCUMENT # L07773

1. Entity Name

STARKEY ROAD TREE FARM, INC.

L0089023



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

---7 SMITH SUNDAY ROAD
--- EAST BROWARD BLVD.
BEACH FL 33446288-Z SMITH SUNDAY ROAD
500 EAST BROWARD BLVD.
DELRAY BEACH FL 33446
US

2. Principal Place of Business

3. Mailing Address

288-Z Smith Sunday Rd.
Suite, Apt. #, etc.288-Z Smith Sunday Rd.
Suite, Apt. #, etc.

City & State

City & State

Delray Beach, FL

Delray Beach, FL

Zip

Country

Zip

Country

33446 P. Beach

33446 P. Beach

4. FEI Number

65-0138534

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

MOMBACH, GEOFFREY S.
500 EAST BROWARD BLVD, Suite 1950
FORT LAUDERDALE FL

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WOLF, STEVEN
7085 AYRSHIRE LA
BOCA RATON FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
33496TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MOMBACH, GEOFFREY
500 E. BROWARD BLVD.
FT. LAUDERDALE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
Suite 1950TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Wolf

4/28/00 561-496-1280

Date

Daytime Phone #

CR2E034 (9/99)