

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L35001

1. Entity Name

TRIPLE M FARM, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90012 011 ***150.00

Principal Place of Business

Mailing Address

%WILLIAM J. RYAN
6099 SPOTTED FAWN COURT
FT. MYERS FL 33908

%WILLIAM J. RYAN
6099 SPOTTED FAWN COURT
FT. MYERS FL 33908-5512

823540



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 34-1102611

Applied For
Not Applicable

Zip

Country

Zip

Country

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

RYAN, WILLIAM J.
6099 SPOTTED FAWN COURT
FT. MYERS FL 33908

Name

RYAN William J

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

2884 CROOKED STICK CT

City

LECANTO

FL

33961

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
RYAN, WILLIAM J.
6099 SPOTTED FAWN COURT
FT. MYERS FL ☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ 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

2/28/2000

Date

352-27-2635

Daytime Phone #

CR2E034 (9/99)