

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L35517

1. Entity Name

BROOKSIDE TREE FARM MANAGEMENT CORP.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90443 038 ***150.00

C0042563



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business 288Z SMITH SUNDY ROAD DELRAY BEACH FL 33446 | Mailing Address 288Z SMITH SUNDY ROAD DELRAY BEACH FL 33446 |
|---|---|

| | |
|--------------------------------|---|
| 2. Principal Place of Business | 3. Mailing Address 14450 Smith Sundry Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---------------------------------|---------------------------------|
| City & State Delray Beach FL | City & State Delray Beach FL |
| Zip 33446 | Country USA |

| | |
|--|--|
| 4. FEI Number 65-0200065 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S.
500 EAST BROWARD BLVD.
STE 1950
FT. LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT WOLF, STEVE 7085 AYRSHIRE LA BOCA RATON FL 33496 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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

04/02/2001

561-496-1280

CR2E034 (10/00)