

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L37445

1. Entity Name

HAMILTON FARMS, INC. ✓

**FILED**  
**Aug 25, 2000 8:00 am**  
**Secretary of State**

08-25-2000 90059 001 \*2,200.00

Principal Place of Business

1788 Hubbard Ave.  
Salt Lake City, UT  
84108 US

Mailing Address

P.O. Box 58717  
Salt Lake City UT 84158-0717  
US

2. Principal Place of Business

255 S. Orange Avenue  
Suite, Apt. #, etc.  
Suite 1255  
City & State  
Orlando, FL

3. Mailing Address

255 S. Orange Avenue  
Suite, Apt. #, etc.  
Suite 1255  
City & State  
Orlando, FL

DO NOT WRITE IN THIS SPACE

Zip  
32801

Country  
US

Zip  
32801

Country  
US

4. FEI Number

59-2979892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Virginia H. Heintzelman  
2655 Lakeshore Drive  
Orlando, FL 32803

7. Name and Address of New Registered Agent

Name

William A. Beverley

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

255 S. Orange Avenue

Suite 1255

City

Orlando

FL

Zip Code

32801

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

8-21-00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
Peterson, Marilyn H  
1788 Hubbard Ave  
Salt Lake City UT 84108 US

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STD  
Tobler, Jennifer  
1788 Hubbard Ave.  
Salt Lake City UT 84108 US

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
Hamilton, Finley M.  
255 S. Orange Ave., Suite 1255  
Orlando, FL 32801

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
William A. Beverley  
255 S. Orange Ave., Suite 1255  
Orlando, FL 32801

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S/T  
Brown, Michelle  
255 S. Orange Ave., Suite 1255  
Orlando, FL 32801

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Linton, Jane  
255 S. Orange Ave., Suite 1255  
Orlando, FL 32801

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Ivancovich, Joyce  
255 S. Orange Ave., Suite 1255  
Orlando, FL 32801

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Peterson, Marilyn H  
1788 Hubbard Ave  
Salt Lake City UT 84108

☒ 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

8-21-00 (407) 835-0000

Date

Daytime Phone #

CR2E034 (9/99)