

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90035 024 ***150.00

DOCUMENT # L37445

1. Entity Name

HAMILTON FARMS, INC.

Principal Place of Business

255 S ORANGE AVE
 STE 1255
 ORLANDO FL 32801
 US

Mailing Address

255 S ORANGE AVE
 STE 1255
 ORLANDO FL 32801
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

BEVERLEY, WILLIAM A
255 S ORANGE AVE
STE 1255
ORLANDO FL 32801

7. Name and Address of New Registered Agent

MARY B. SHARP
 Street Address (P.O. Box Number is Not Acceptable)
255 S. Orange Ave. #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 is acceptable.

(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 **PD** ☐ Delete
 NAME **HAMILTON, FINLEY M**
 STREET ADDRESS **255 S ORANGE AVE STE 1255**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **Vice President, Director** ☒ Change ☐ Addition
 NAME **Finley M. Hamilton**
 STREET ADDRESS **255 S. Orange Ave #1255**
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **VP** ☒ Delete
 NAME **BEVERLEY, WILLIAM A**
 STREET ADDRESS **255 S ORANGE AVE STE 1255**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **President** ☒ Change ☒ Addition
 NAME **Mary B. Sharp**
 STREET ADDRESS **255 S Orange Ave. #1255**
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **ST** ☐ Delete
 NAME **BROWN, MICHELLE**
 STREET ADDRESS **255 S ORANGE AVE STE 1255**
 CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **D** ☐ Delete
 NAME **LINTON, JANE**
 STREET ADDRESS **255 S ORANGE AVE STE 1255**
 CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **D** ☐ Delete
 NAME **IVANCOVICH, JOYCE**
 STREET ADDRESS **255 S ORANGE AVE STE 1255**
 CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **D** ☐ Delete
 NAME **PETERSON, MARILYN H**
 STREET ADDRESS **1788 HUBBARD AVE**
 CITY-ST-ZIP **SALT LAKE CITY UT 84108**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)