

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L-37445**

1. Entity Name **Amended**
Hamilton Farms, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -7 AM 9:44

Principal Place of Business

Mailing Address

800004416828--6

-06/13/01--01011--021

****122.50 *****61.25

2. Principal Place of Business

255 S. Orange Ave

3. Mailing Address

Suite, Apt. #, etc.

#1255

Suite, Apt. #, etc.

SAME

City & State

Orlando, FL

City & State

SAME

Zip

32801

Country

USA

Zip

SAME

Country

SAME

4. FEI Number

59.2979892

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARY B. SHARP
255 S. ORANGE AVE
#1255
Orlando, FL
32801

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

Mary B. Sharp Pres. 4/26/01

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, 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 **PRES.** ☐ Delete
NAME **MARY B. SHARP**
STREET ADDRESS **255 S. ORANGE AVE #1255**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **VICE PRESIDENT.** ☐ Delete
NAME **FINLEY M. HAMILTON**
STREET ADDRESS **SAME**
CITY-ST-ZIP **SAME**

TITLE **Sec./TREAS** ☒ Delete
NAME **Michelle Brown**
STREET ADDRESS **SAME**
CITY-ST-ZIP **SAME**

TITLE **Director** ☒ Delete
NAME **JANE LINTON**
STREET ADDRESS **Joyce Juancovich**
CITY-ST-ZIP **MARILEN PETERSON**

TITLE **Director** ☐ Delete
NAME **SAME**
STREET ADDRESS **SAME**
CITY-ST-ZIP **SAME**

TITLE **SAME** ☐ Delete
NAME **SAME**
STREET ADDRESS **SAME**
CITY-ST-ZIP **SAME**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Senior Vice Pres** ☒ Change ☐ Addition
NAME **FINLEY M. HAMILTON**
STREET ADDRESS **255 S. ORANGE AVE #1255**
CITY-ST-ZIP **ORLANDO, FL**

TITLE **Sec./TREAS** ☒ Change ☒ Addition
NAME **JOHN F. FORD**
STREET ADDRESS **255 S. ORANGE AVE #1255**
CITY-ST-ZIP **ORLANDO, FL**

TITLE **Director** ☒ Change ☐ Addition
NAME **MITCHELLE KING**
STREET ADDRESS **255 S. ORANGE AVE #1255**
CITY-ST-ZIP **ORLANDO, FL**

TITLE **C.E.O.** ☐ Change ☒ Addition
NAME **Relley Juancovich**
STREET ADDRESS **255 S. ORANGE AVE #1255**
CITY-ST-ZIP **ORLANDO, FL**

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

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

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:

Mary B. Sharp Pres. MARY B. SHARP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-835-0016

4/26/01

CR2E034 (11/00)