

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94751

1. Entity Name

SILVERLEAF FARMS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90176 019 ***150.00

Principal Place of Business

6500 NW 193 ST
ORANGE LKE FL 32681
US

Mailing Address

PO BOX 310
ORANGE LKE FL 32681-0310
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3028297

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

ARNOLD, CHARLES W. JR.
1300 GULF LIFE DRIVE
SUITE 2440
JACKSONVILLE FL 32207

Name
Clifford B. Newton

Street Address (P.O. Box Number is Not Acceptable)
10192 San Jose Boulevard

City
Jacksonville

FL

Zip Code
32257

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	P	<input checked="" type="checkbox"/> Delete
NAME	CROMARTIE, ROBERT	
STREET ADDRESS	6500 NW 193 ST	
CITY-ST-ZIP	ORANGE LKE FL 32681	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRIGGS, ALAN	
STREET ADDRESS	6500 NW 193 ST	
CITY-ST-ZIP	ORANGE LKE FL 32681	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUTSON, DAVID W.	
STREET ADDRESS	6500 NW 193 ST	
CITY-ST-ZIP	ORANGE LAKE FL 32681	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HUTSON, NANCY	
STREET ADDRESS	6500 NW 193 ST	
CITY-ST-ZIP	ORANGE LKE FL 32681	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald P. Hinson	
STREET ADDRESS	3030 Hartley Road, Suite 100	
CITY-ST-ZIP	Jacksonville, Florida 32257	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David W. Hutson	
STREET ADDRESS	3030 Hartley Road, Suite 100	
CITY-ST-ZIP	Jacksonville, Florida 32257	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald P. Hinson

904/262-7718

Date

Daytime Phone #

CR2E034 (9/99)