

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90188 043 ***150.00

DOCUMENT # **M09228**

1. Entity Name

STEWART FARMS MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

**8344 W BOYNTON BCH BLVD
 BOYNTON BCH FL 33425**

**C/O SUNTRUST BANK SOUTH FLA. NA
 PO BOX 1150
 DELRAY BEACH FL 33447-1150**

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 **59-2478270**

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

7. Name and Address of New Registered Agent

**ELLIOTT, D. SCOTT
 C/O STEEL HECTOR & DAVIS LLP
 777 S. FLAGLER DR., STE. 1900W
 WEST PALM BEACH FL 33401-6198**

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

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	PD	<input type="checkbox"/> Delete
NAME	STEWART, DOUGLAS MCGREGOR	
STREET ADDRESS	3785 YOSEMITE DR	
CITY-ST-ZIP	OKEMOS MI 48864	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAIN, NAOMI	
STREET ADDRESS	8344 W. BOYNTON BEACH BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33425	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LUING, GARY A.	
STREET ADDRESS	2612 LAKEFRONT DR	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PIEGEL, ROBERT J	
STREET ADDRESS	302 E ATLANTIC AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARRELL, JOHN M.	
STREET ADDRESS	130 BLOOMFIELD DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	

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, in all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert J. Piegel 3-25-00 561 243-6131

CR2000 (000)