

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90093 002 ***150.00

DOCUMENT # M09228

1. Entity Name
STEWART FARMS MANAGEMENT CORPORATION

Principal Place of Business 8344 W BOYNTON BCH BLVD BOYNTON BCH FL 33425	Mailing Address C/O SUNTRUST BANK SOUTH FLA. NA PO BOX 1150 DELRAY BEACH FL 33447
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-2478270	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ELLIOTT, D. SCOTT
C/O STEEL HECTOR & DAVIS LLP
777 S. FLAGLER DR., STE. 1900W
WEST PALM BEACH FL 33401-6198

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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

Robert J. Piegel 1-4-00 561-243-6737
 Date Daytime Phone #

CR2E034 (10/00)