

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M09228

1. Entity Name

STEWART FARMS MANAGEMENT CORPORATION

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

01-30-2001 90093 002 ***150.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2478270**

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

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, 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 STEWART, DOUGLAS MCGREGOR
STREET ADDRESS 3785 YOSEMITE DR
CITY-ST-ZIP OKEMOS MI 48864

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

TITLE V ☐ Delete
NAME CAIN, NAOMI
STREET ADDRESS 8344 W. BOYNTON BEACH BLVD
CITY-ST-ZIP BOYNTON BEACH FL 33425

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

TITLE SD ☐ Delete
NAME LUING, GARY A.
STREET ADDRESS 2612 LAKEFRONT DR
CITY-ST-ZIP LAKE WALES FL 33853

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

TITLE TD ☐ Delete
NAME PIEGEL, ROBERT J
STREET ADDRESS 302 E ATLANTIC AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33483

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

TITLE D ☐ Delete
NAME FARRELL, JOHN M
STREET ADDRESS 130 BLOOMFIELD DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33405

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Robert J. Piegel

Date

Daytime Phone #

1-4-00 561-243-6237

CR2E034 (10/00)