

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M77946

1. Entity Name

MAGNOLIA HILLS FARM, INC.

FILED

Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90015 006 ***150.00

Principal Place of Business

Mailing Address

C/O LEX C. THOMPSON
1304 COVINGTON DR.
TALLAHASSEE FL 32312

C/O LEX C. THOMPSON
1304 COVINGTON DR.
TALLAHASSEE FL 32312-2505

2. Principal Place of Business

3. Mailing Address

6863 Proctor Rd
Suite, Apt. #, etc.

6863 Proctor Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tallahassee Fla.

City & State
Tallahassee, Fla.

4. FEI Number
59-2883685

Applied For
Not Applicable

Zip
32308

Country
USA

Zip
32308

Country
USA

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

THOMPSON, LEX C.
1304 COVINGTON DR.
TALLAHASSEE FL 32312

Name
Thompson Lex C.

Street Address (P.O. Box Number is Not Acceptable)

6863 Proctor Rd

City
Tallahassee

FL

Zip Code
32308

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
Lex C. Thompson

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
THOMPSON, LEX C.
1304 COVINGTON DR.
TALLAHASSEE FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6863 Proctor Rd
Tallahassee, FL 32308 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
GRAY, SIDNEY E
RT. 1, BOX 1495
HAVANA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
THOMPSON, JAMES L
1304 COVINGTON DR
TALLAHASSEE FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6863 Proctor Rd
Tallahassee, FL 32308 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Lex C. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-2000

Date

850-545-6006

Daytime Phone #