

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90073 014 ***150.00

DOCUMENT # M89245

1. Entity Name

BILL AND MARIA LONG FARM, INC.

Principal Place of Business

**1405 CENTERVILLE RD
STE 5000
TALLAHASSEE FL 32308-4662
US**

Mailing Address

**1405 CENTERVILLE RD
STE 5000
TALLAHASSEE FL 32308-4662
US**

2. Principal Place of Business

**3535 N. Meridian Rd.
Suite, Apt. #, etc.**

3. Mailing Address

**3535 N. Meridian Rd.
Suite, Apt. #, etc.**

City & State

TALL. FL.

City & State

TALL. FL.

4. FEI Number

59-2930729

Applied For

Not Applicable

Zip

32312

Country

LEON

Zip

32312

Country

LEON

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LONG, WILLIAM D.
1405 CENTERVILLE RD
STE 5000
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name **(SAME) LONG, WILLIAM D.**
Street Address (P.O. Box Number is Not Acceptable)
3535 N. Meridian Rd.
City **TALLAHASSEE** FL Zip Code **32312**

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 **William D. Long**

Signature, typed or printed name of registered agent and title if applicable.

W. D. Long

(NOTE: Registered Agent signature required when reinstating)

4/1/02

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, 2002 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

TITLE **D** ☐ Delete
NAME **LONG, WILLIAM D.**
STREET ADDRESS **3535 N MERIDIAN RD**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Delete
NAME **LONG, MARIA L.**
STREET ADDRESS **3535 N MERIDIAN ROAD**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. D. Long

Date

4/1/02

Daytime Phone #

850-893-7812

0043076 AV

CR2E034 (9/01)