

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M92988

1. Entity Name

WALDRON FARMS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90003 004 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 248
CITRA FL 32113

P.O. BOX 248
CITRA FL 32113-0248

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2920914**

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

LEE, BRIAN J., ESQ.
606 SE 3RD AVENUE
OCALA FL 32671

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	WALDRON, JR., HOYT E.	
STREET ADDRESS	17750 N US HWY 301	
CITY-ST-ZIP	CITRA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WALDRON, CAROLYN R.	
STREET ADDRESS	17750 N US HWY 301	
CITY-ST-ZIP	CITRA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALDRON, JACQUELINE C.	
STREET ADDRESS	17750 N US HWY 301	
CITY-ST-ZIP	CITRA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALDRON, CHARLES M.	
STREET ADDRESS	17750 N US HWY 301	
CITY-ST-ZIP	CITRA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALDRON, SR., HOYT E.	
STREET ADDRESS	17750 N US HWY 301	
CITY-ST-ZIP	CITRA FL	
TITLE		<input type="checkbox"/> Delete
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	
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, with all other like empowered.

SIGNATURE X

Gene Waldron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

4-14-00

Date

Daytime Phone #

CR2E034 (9/99)