

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46717

1. Entity Name

OWNERS AND VOTERS OF MONTURA, INC.

Principal Place of Business

Mailing Address

DR. DOOLITTLE-HAPPY FARM
784 APPALOOSA AVENUE
CLEWISTON FL 33440
US

P.O. BOX 367
LABELLE FL 33975-0367
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0561307

Applied For

Not Applicable

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

HERRMANN, TOM REV.
178 APPALOOSA AVE
P O BOX 367
CLEWISTON FL 33440

Name HERRMANN TOM REV.
Street Address (P.O. Box Number is Not Acceptable)
HC 61 BOX 535
City CLEWISTON FL Zip Code 33440

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

FILE NOW

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME PD
STREET ADDRESS HERRMMANN, TOM REV.
CITY-ST-ZIP 778 APPALOOSA
CLEWISTON FL 33440

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS GIZAS, MARIA
CITY-ST-ZIP 6050 JASMINE STREET
CLEWISTON FL 33440

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MONTIEL, ALEXANDRA
CITY-ST-ZIP 778 APPALOOSA
CLEWISTON FL 33440

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90084 001 ****70.00

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DO NOT WRITE IN THIS SPACE

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