

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N970000000003

1. Entity Name

FRIENDS OF FARMERS: "SAVE OUR SOIL", INC.

R

Principal Place of Business

2640 GOLDENGATE PARKWAY
SUITE 315
NAPLES FL 34105

Mailing Address

2640 GOLDENGATE PARKWAY
SUITE 315
NAPLES FL 34105

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

59-3441064

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

PASSIDOMO, KATHLEEN C ESQ
2640 GOLDENGATE PARKWAY
SUITE 315
NAPLES FL 34105

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 D ☐ Delete
NAME JONES, THOMAS
STREET ADDRESS 1320 NORTH 15TH STREET
CITY-ST-ZIP IMMOKALEE FL 34142

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

TITLE D ☐ Delete
NAME BROWN, DAVID C III
STREET ADDRESS 2665 OAK RIDGE COURT
CITY-ST-ZIP FT. MYERS FL 33901

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

TITLE D ☐ Delete
NAME LIPMAN, RICK
STREET ADDRESS 11900 SIX L FARM ROAD
CITY-ST-ZIP NAPLES FL 34114

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

TITLE D ☐ Delete
NAME LLOYD, CALVIN
STREET ADDRESS P.O. BOX 247
CITY-ST-ZIP FELDA FL 33930

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

TITLE D ☒ Delete
NAME NORRIS, JACK
STREET ADDRESS 25450 AIRPORT ROAD
CITY-ST-ZIP PUNTA GORDA FL 33950-5746

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

TITLE D ☐ Delete
NAME TAYLOR, MICHAEL
STREET ADDRESS P.O. BOX 3117
CITY-ST-ZIP IMMOKALEE FL 34143

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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/00

Date

941-658-6060

Daytime Phone #

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90014 001 ****61.25

A0076750



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)