

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

05-16-2001 90038 034 ***150.00

DOCUMENT # P00000004035

1. Entity Name

BON REVE FARM, INC.

Principal Place of Business

515 N FLAGLER DRIVE, 18TH FLOOR
 WEST PALM BEACH FL 33401

Mailing Address

515 N FLAGLER DRIVE, 18TH FLOOR
 WEST PALM BEACH FL 33401

76198

2. Principal Place of Business

18682 137th Trail N

Suite, Apt. #, etc.

3. Mailing Address

18682 137th Trail N

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33478

Country USA

City & State

Jupiter, FL

Zip

33478

Country USA

4. FEI Number

05-0991239

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEER, JERALD S
 515 N FLAGLER DRIVE, 18TH FLOOR
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name Siobhan Shea

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

18682 137th Trail N

City Jupiter, FL

FL

Zip Code 33478

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]

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, 2001 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	<input type="checkbox"/> Delete
NAME	SHEA, SIOBHAN	
STREET ADDRESS	PO BOX 2438	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Shea, Siobhan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	18682 137th Trail N	
CITY-ST-ZIP	Jupiter, FL 33478	
TITLE	Jeffrey Anderson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V.P.	
STREET ADDRESS	18682 137th Trail N	
CITY-ST-ZIP	Jupiter, FL 33478	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/01 (561) 744-7769

CR2E034 (10/00)