

Sent By: Pinegrove Dude Ranch;
05/21/2001 09:30 352-463-6900

845 626 7365;

May

5/21/01

FILED
May 24, 2001 8:00 am
Secretary of State

05-01-2001 90014 042 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017601			
1. Entity Name COORDINATED FARM MANAGEMENT, INC.			
Principal Place of Business 114 NE. 1ST ST. TRENTON FL 32089		Mailing Address P.O. BOX 288 TRENTON FL 32089	
2. Principal Place of Business		3. Mailing Address	
State, Act, & etc.		State, Act, & etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Home and Address of Current Registered Agent BURT, THEODORE W. SR. 114 NE. 1ST ST. TRENTON FL 32089		5. Home and Address of New Registered Agent Steve Borden 219 N. W. US Highway 129 Gulf FL 32019	
6. The above named entity admits the purpose of changing its registered office or registered agent, or both, in this State of Florida. SIGNATURE: <u>Steve Borden</u> 4-24-01			
7. This corporation is eligible to elect to integrate Tax filing requirements and claims to do so (See effects on back) <input type="checkbox"/>		8. Election Campaign Financing: <input type="checkbox"/> \$2,000 May Be Added to Fees	
9. FEE MONTHLY FEE IN STAGERS After MAY 1, 2001 Fee will be \$200.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (if 11)	
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Address
BORDEN, STEVE 288 RT. 288 BORDEN NY 10880			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Address
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Address
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Address
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Address
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Address
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Address
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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 secretary 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, unless otherwise empowered.			
SIGNATURE: <u>Steve Borden</u>		4-24-01	



DO NOT WRITE IN THIS SPACE

Vertical text on the right side of the form.