

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90830 014 \*\*\*150.00

**DOCUMENT # P00000083153**

1. Entity Name

**WOODSTOCK FARMS, INC.**

**00048049**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1815 MIDDLE RIVER DR FT LAUDERDALE FL 33305</b>	Mailing Address <b>1815 MIDDLE RIVER DR FT LAUDERDALE FL 33305</b>
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2. Principal Place of Business <b>209 N. Ft Laud Beh Blvd</b>	3. Mailing Address <b>209 N. Ft Laud Beh Blvd</b>
Suite, Apt. #, etc. <b>2C</b>	Suite, Apt. #, etc. <b>2C</b>

City & State <b>FT Lauderdale FL</b>	City & State <b>Fort Lauderdale FL</b>
Zip <b>33304</b>	Zip <b>33304</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HARDESTY, KATHLEEN**  
**1815 MIDDLE RIVER DR**  
**FT LAUDERDALE FL 33305**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D+P+T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARDESTY, KATHLEEN</b>		NAME <b>Kathleen Hardesty</b>	
STREET ADDRESS <b>1815 MIDDLE RIVER DR</b>		STREET ADDRESS <b>209 N. Fort Lauderdale Beh Blvd 2C</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL 33305</b>		CITY-ST-ZIP <b>FT Lauderdale FL 33304</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>S+UP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>John W. Hardesty</b>	
STREET ADDRESS		STREET ADDRESS <b>209 N. Ft Lauderdale Beh Blvd 2C</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>FT Lauderdale FL 33304</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** Kathleen Hardesty Kathleen Hardesty **4-29-01** \* **954-770-1022**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)