

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90133 034 ***158.75

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DOCUMENT # P01000028823

1. Entity Name
TOMOKA FARMS, INC.



Principal Place of Business
**7201 NW 11TH PLACE
GAINESVILLE FL 32605**

Mailing Address
**7201 NW 11TH PLACE
ATTN LEGAL COMPLIANCE
GAINESVILLE FL 32605**

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 **59-3706169**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIVELY, WILLIAM J
7201 NW 11TH PLACE
GAINESVILLE FL 32605**

Name **Palmquist, Jonathan B.**
Street Address (P.O. Box Number is Not Acceptable)
7201 NW 11th Place
City **Gainesville** **FL** Zip Code **32605**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jonathan B. Palmquist, Secretary** **4/29/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SHIVELY, WILLIAM J	
STREET ADDRESS	7201 NW 11TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	S	<input type="checkbox"/> Delete
NAME	PALMQUIST, JONATHAN	
STREET ADDRESS	7201 WILL PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHEEKY, BRIAN	
STREET ADDRESS	7201 NW 11 PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	CEOP	<input type="checkbox"/> Delete
NAME	SHIVELY, WILLIAM	
STREET ADDRESS	7201 GILL PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
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"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: **Jonathan B. Palmquist** **4/29/03** **352/333-1214**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)