

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000057787

1. Entity Name  
LOXAHATCHEE FARMS, INC.

Principal Place of Business  
10820 DALMARY WAY  
ROYAL PALM BEACH FL 33411-4010

Mailing Address  
10820 DALMARY WAY  
ROYAL PALM BEACH FL 33411-4010

2. Principal Place of Business  
10820 DALMARY WAY

3. Mailing Address  
10820 DALMARY WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
ROYAL PALM BEACH, FL

City & State  
ROYAL PALM BEACH, FL

4. FEI Number  
65-1124953

Applied For  
Not Applicable

Zip  
33411-4010

Country  
U.S.A.

Zip  
33411-4010

Country  
U.S.A.

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

KAPALO, ERIN K  
10820 DALMARY WAY  
ROYAL PALM BEACH FL 33411-4010

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPALO, ERIN K 10820 DALMARY WAY ROYAL PALM BEACH FL 33411-4010 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, LELAND D PO BOX 369 LOXAHATCHEE FL 33470 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Erin K. Kapalo SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 561-333-5012  
Date Daytime Phone #

**FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90005 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)