

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91406 010 \*\*\*150.00

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AV

**DOCUMENT #** P01000104602

1. Entity Name

MAPLE CREEK FARMS, INC.

Principal Place of Business

8305 WAUCHULA RD  
MYAKKA CITY FL 34251

Mailing Address

8305 WAUCHULA RD  
MYAKKA CITY FL 34251

2. Principal Place of Business

3. Mailing Address

707 Gulfstream Ave #1008

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1008

City & State

City & State

Sarasota FL

Zip

Country

Zip

Country

34236

U.S.A.

4. FEI Number

65-1147 613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHARELL, GILBERT J  
8305 WAUCHULA RD  
MYAKKA CITY FL 34251

Name

Gilbert J. Sharell

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

707 Gulfstream Ave #1008

City

Sarasota

FL

Zip Code

34236

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

Gilbert J. Sharell

3/19/02

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, 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 ☐ Delete  
Gilbert J Sharell P D  
STREET ADDRESS 8305 Wauchula Rd  
CITY-ST-ZIP Myakka City FL 34251

TITLE NAME ☒ Change ☐ Addition  
Gilbert J. Sharell  
STREET ADDRESS 707 Gulfstream Ave #1008  
CITY-ST-ZIP Sarasota FL 34236

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

Gilbert J. Sharell Pres.

Date

3/19/02

Daytime Phone #

941-650-4188

CR2E034 (9/01)