

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90057 020 ***150.00

DOCUMENT # P32011

1. Entity Name
M & J CATTLE COMPANY

Principal Place of Business

5575 ALLIGATOR LAKE RD.
 P.O. BOX 701326
 ST CLOUD FL 34770

Mailing Address

441 IOWA STREET
 ASHLAND KY 41102
 US

00029031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7444 Botanica Pkwy

3. Mailing Address

P.O. Box 1949

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Ashland, KY

4. FEI Number **31-1313020**

Applied For
 Not Applicable

Zip

Country

34238

Zip

Country

41105-1949

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

GRIFFITHS, MORRIS L.
5575 ALLIGATOR LAKE RD
P.O. BOX 701326
ST CLOUD FL 34770

Name *Morris L. Griffiths*

Street Address (P.O. Box Number is Not Acceptable)
7444 Botanica Parkway

City *Sarasota*

FL

Zip Code *34238*

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

Morris L. Griffiths

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/01

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, 2001 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 Delete
 NAME **PD GRIFFITHS, MORRIS L.**
 STREET ADDRESS **5575 ALLIGATOR LAKE RD.**
 CITY-ST-ZIP **ST CLOUD FL**

TITLE Change Addition
 NAME *Griffiths, Morris L.*
 STREET ADDRESS *P.O. Box 1949*
 CITY-ST-ZIP *Ashland, KY, 41105*

TITLE Delete
 NAME **VD GRIFFITHS, JANET R.**
 STREET ADDRESS **5575 ALLIGATOR LAKE RD.**
 CITY-ST-ZIP **ST CLOUD FL**

TITLE Change Addition
 NAME *Griffiths, Janet*
 STREET ADDRESS *P.O. Box 1949*
 CITY-ST-ZIP *Ashland, KY, 41105*

TITLE Delete
 NAME **S HALL, ELIZABETH**
 STREET ADDRESS **1915 WILSHIRE BLVD.**
 CITY-ST-ZIP **ASHLAND KY**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Delete
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TITLE Change Addition
 NAME
 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:

Morris L. Griffiths

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

Daytime Phone #

CR2E034 (10/00)