

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90050 045 \*\*\*150.00

**DOCUMENT # P92000007269**

1. Entity Name  
**35 FARMS, INC.**

Principal Place of Business

~~2722 NW 43RD ST.~~  
**SUITE S**  
**GAINESVILLE FL 32606**

Mailing Address

P.O. BOX 566  
**GAINESVILLE FL 32602-0566**

2. Principal Place of Business

**2772 NW 43rd St.**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite S**

Suite, Apt. #, etc.

City & State

**GAINESVILLE FL.**

City & State

Zip

**32606**

Country

Zip

Country

4. FEI Number

**59-3173226**

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

**RAPPENECKER, STEPHEN A**  
~~2700 C N.W. 43RD ST.~~  
**GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name **RAPPENECKER, STEPHEN A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2772 N.W. 43rd St.**  
**Suite S**  
 City **GAINESVILLE FL** Zip Code **32606**

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RAPPENECKER, STEPHEN A</b>	
STREET ADDRESS	<b>2700-C N.W. 43RD ST.</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, C N</b>	
STREET ADDRESS	<del>440 OAK RIDGE COURT</del>	
CITY-ST-ZIP	<del>LAKE BLUFF IL 60044</del>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
STREET ADDRESS	<b>10626 S.W. 41st PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE, FL. 32608</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Stephen A. Rappenecker* **1-6-00** **352-377-5900**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EN34 (9/99)