

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000009338

1. Entity Name

DONNA PLANTATION INCORPORATED

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90044 038 \*\*\*150.00

Principal Place of Business Mailing Address  
RT 6 BOX 61 RT 6 BOX 61  
QUINCY FL 32351 QUINCY FL 32351-9806

U 4 0 4 4 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
198 BALL FARM RD Suite, Apt. #, etc.  
QUINCY FL SAME

City & State 32351 City & State

Zip Country GADSDEN Zip Country

4. FEI Number 59-3153282 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
HARTMAN, ALFRED C  
RT 6 BOX 61  
QUINCY FL 32351

7. Name and Address of New Registered Agent  
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 4-21-00  
Signature, typed or printed name of registered agent and title if applicable. (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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARTMAN, ALFRED C		NAME		
STREET ADDRESS	RT 6 BOX 61		STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL 32351		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARTMAN, DONNA J		NAME		
STREET ADDRESS	RT 6 BOX 61		STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL 32351		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: HARTMAN 4-21-00 850-224-0026  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)