

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000014343

1. Entity Name

MANLEY FARMS NORTH, INC.

Principal Place of Business

Mailing Address

2077 PINE RIDGE RD. SOUTH  
NAPLES FL 33942

2077 PINE RIDGE RD. SOUTH  
NAPLES FL 33942

2. Principal Place of Business

14200 Bonita Beach Rd

3. Mailing Address

14200 Bonita Beach Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34135

Country

USA

Zip

34135

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANLEY, J. K JR.  
2077 PINE RIDGE ROAD SOUTH  
NAPLES FL 33942

Name

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

14200 Bonita Beach Rd

City

Bonita Springs

FL

Zip Code

34135

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

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, 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  
P  
MANLEY, J. KENT JR  
STREET ADDRESS  
2077 PINE RIDGE RD  
CITY-ST-ZIP  
NAPLES FL 33942

TITLE ☐ Delete

NAME  
V  
MANLEY, J. K III  
STREET ADDRESS  
P O BOX 299 N/A  
CITY-ST-ZIP  
QUINCY FL

TITLE ☐ Delete

NAME  
S  
GOECKEL, CRAIG F  
STREET ADDRESS  
2077 PINE RIDGE RD  
CITY-ST-ZIP  
NAPLES FL

TITLE ☐ Delete

NAME  
T  
GOECKEL, CRAIG F  
STREET ADDRESS  
2077 PINE RIDGE RD  
CITY-ST-ZIP  
NAPLES FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME  
14200 Bonita Beach Rd  
STREET ADDRESS  
Bonita Springs, FL 34135  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME  
14200 Bonita Beach Rd  
STREET ADDRESS  
Bonita Springs, FL 34135  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01 941-495-9800

C0065729



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)