

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90029 011 ***150.00

DOCUMENT # P93000003213

1. Entity Name
PARRISH'S COUNTRY LAD FARM, INC.

Principal Place of Business 1300 S FRENCH AVE BOX 4 C SANFORD FL 32771	Mailing Address 1300 S FRENCH AVE BOX 4 C SANFORD FL 32771-3485
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 109 Clear Lake Circle Suite, Apt. #, etc.	3. Mailing Address 109 Clear Lake Circle Suite, Apt. #, etc.
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City & State Sanford, FL	City & State Sanford, FL	4. FEI Number 59-3163112	Applied For <input type="checkbox"/> Not Applicable
Zip 32773	Country Seminole	Zip 32773	Country Seminole

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**PARRISH, HAROLD I
 1300 S FRENCH AVE
 BOX 4 C
 SANFORD FL 32771**

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, HAROLD I 1300 S FRENCH AVE BOX 4 C SANFORD FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, ELSIE T 1300 S FRENCH AVE BOX 4 C SANFORD FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change Address only <input type="checkbox"/> Addition 109 Clear Lake Circle Sanford, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change Address only <input type="checkbox"/> Addition 109 Clear Lake Circle Sanford, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Harold I Parrish* Date: 2/17/2000 Daytime Phone #: 407-322-4707

CR2E034 (9/99)