

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90438 034 ***150.00

05/09/02 AT

DOCUMENT # P93000013042

1. Entity Name

SHILOH CREEK FARM, INC.

Principal Place of Business

**29211 SR 643
 FRESNO OH 43824
 US**

Mailing Address

**70 OLD BYRAM LAKE RD
 ARMONK NY 10504
 US**

80074707



2. Principal Place of Business

3. Mailing Address

29211 SR 643

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FRESNO, OH

4. FEI Number

59-3174468

Applied For

Not Applicable

Zip

Country

43824

Country

USA

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

6. Name and Address of Current Registered Agent

**COBB, THOMAS C ESQ
 1399 SW 1ST AVE
 STE 301
 MIAMI FL 33130**

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

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, 2002 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	PSTD	<input type="checkbox"/> Delete
NAME	LUNDSTEN, JOHN M.	
STREET ADDRESS	31095 TR 11	
CITY-ST-ZIP	FRESNO OH	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PHILLIPS, JOHN R	
STREET ADDRESS	31095 TR 11	
CITY-ST-ZIP	FRESNO OH	
TITLE	<i>Pres</i>	<input type="checkbox"/> Delete
NAME	<i>Michael J. Anderson</i>	
STREET ADDRESS	<i>29211 SR 643</i>	
CITY-ST-ZIP	<i>Fresno, Oh, 43824</i>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	29211 SR 643	
CITY-ST-ZIP	43824	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	29211 SR 643	
CITY-ST-ZIP	43824	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)