

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90165 039 ***158.75

DOCUMENT # P93000021378

1. Entity Name
BUCHANAN FARMS, INC.

Principal Place of Business

15749 W. HWY 316
 WILLISTON FL 32696
 US

Mailing Address

788 M L K BLVD W
 %BOB WELLEN
 SEFFNER FL 33584

2. Principal Place of Business

24 N. Harbor City Blvd.

3. Mailing Address

707 So. Washington Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Sarasota, FL

Zip

Country

32935

USA

Zip

Country

34236

USA

4. FEI Number **59-3181126**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, LEONARD H
301 E. MERIDIAN AVE.
SUITE 314
DADE CITY FL 33525

Name **Tosch, John E**

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

c/o Sarasota Ford

707 South Washington Blvd.

City **Sarasota**

FL

Zip Code
34236

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

John E. Tosch

04/27/01

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 **D** ☒ Delete
 NAME **BUCHANAN, SANDRA J**
 STREET ADDRESS **9712 HIDDEN COVE COURT**
 CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Buchanan, Vernon G.**
 STREET ADDRESS **707 So. Washington Blvd.**
 CITY-ST-ZIP **Sarasota, FL 34236**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Brodsky, Kevin S.**
 STREET ADDRESS **24 N. Harbor City Blvd.**
 CITY-ST-ZIP **Melbourne, FL 32935**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP & Sec.** ☐ Change ☒ Addition
 NAME **Tosch, John E.**
 STREET ADDRESS **707 So. Washington Blvd.**
 CITY-ST-ZIP **Sarasota, FL 34236**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☐ Addition
 NAME **Rosa, Salvatore**
 STREET ADDRESS **707 So. Washington Blvd.**
 CITY-ST-ZIP **Sarasota, FL 34236**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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 empowerment.

SIGNATURE: **Salvatore Rosa** **Salvatore Rosa, Treas.** **04/27/01** **366-5230**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)