

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P94000047523**

1. Entity Name

Cornerstone Tree Farm

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT -9 PM 12:01

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

14620 Bellamy Brothers Blvd

3. Mailing Address

14620 Bellamy Brothers Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Dade City, Florida

City & State  
Dade City, Florida

Zip  
33525

Country  
USA

Zip  
33525

Country  
USA

4. FEI Number

59-326179

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
John Faulkner

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

14620 Bellamy Brothers Blvd

City  
Dade City

FL

Zip Code  
33525

**DO NOT WRITE  
IN THIS SPACE**

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

John Faulkner

10-8-02

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) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
President  
John Faulkner  
14620 Bellamy Brothers Dade City, FL 33525

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Vice President  
Theresa Prondzinski  
5343 Hemlock Dr. New Port Richey, FL 34652

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Manager  
Elaine Eccles  
4702 Durney St. New Port Richey, FL 34652

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Secretary  
Miranda Faulkner  
14658 Bellamy Brothers Dade City, FL 33525

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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~~000008287070-0~~  
~~10/09/02-01053-001~~  
~~\*\*\*\*750.00 \*\*\*\*749.00~~

~~000008287070-0~~  
~~10/09/02-01053-002~~  
~~\*\*\*\*17.50 \*\*\*\*17.50~~

**DO NOT WRITE  
IN THIS SPACE**  
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~~10/09/02-01053-001~~  
~~\*\*\*\*750.00 \*\*\*\*750.00~~

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

John Faulkner

10-8-02

352-588-2235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)