

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90055 004 ***550.00

01389822 FP

DOCUMENT # P94000050906

1. Entity Name
SUMMERHEART FARMS, INC.

Principal Place of Business **Mailing Address**
179 A SAN MARCO **179 A SAN MARCO**
ST. AUGUSTINE FL 32084 **ST. AUGUSTINE FL 32084**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3254300** **Applied For**
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CROSLY, CHERYL M
14 CRUMPTON PLACE
PALM COAST FL 32137

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 *CHL* **DATE** *9-5-01*

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **DVST** ☐ **Delete**
NAME **CROSLY, CHERYL M**
STREET ADDRESS **14 CRUMPTON PLACE**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **ST** ☒ **Delete**
NAME **CROSLY, PATRICIA C**
STREET ADDRESS **1842 B CINCINNATI AVE**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ **Change** ☐ **Addition**
NAME **ST**
STREET ADDRESS **BLANCA HANLEY**
CITY-ST-ZIP **14 CRUMPTON PL. PALM COAST FL 32137**

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

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 REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *9-5-01* **Daytime Phone #** *826-0200*

CR2E034 (5/01)