

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000063247**

1. Entity Name

HURST FAIR ACRE FARMS, INC.**FILED****Mar 02, 2000 8:00 am**
Secretary of State

03-02-2000 90042 021 ***150.00

Principal Place of Business

Mailing Address

**593 RASLEY RD
NEW SMYRNA BEACH FL 32168****593 RASLEY RD
NEW SMYRNA BEACH FL 32168-8840**

813250

2. Principal Place of Business

3. Mailing Address

339 Cherokee Dr**339 Cherokee Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3270261

Applied For

Not Applicable

Zip

32801

Country

Orange

Zip

32801

Country

Orange5. 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

**HURST, CARLOS
593 RASLEY ROAD
NEW SMYRNA BEACH FL 32168**Name **Eva Mae Hurst**Street Address (P.O. Box Number is Not Acceptable)
339 Cherokee DriveCity **Orlando****FL**Zip Code **32801**

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 **Eva Mae Hurst**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-11-00

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 State10. 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 **HURST, EVA MAE**
STREET ADDRESS **950 S WINTER PARK DRIVE**
CITY-ST-ZIP **CASSELBERRY FL 32708**TITLE **D** ☒ Change ☐ Addition
NAME **Hurst, Eva Mae**
STREET ADDRESS **339 Cherokee Dr**
CITY-ST-ZIP **Orlando FL 32801**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ 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:

Eva Mae Hurst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-00

Date

407-481-0641

Daytime Phone #