

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P940000 82733

1. Entity Name
HEAD BURY FARMS, INC.

FILED
Jun 03, 2000 8:00 am
Secretary of State

06-03-2000 90002 047 ***150.00

Principal Place of Business
c/o RICHARD A. FOCKE
1101 HAY ROAD
ULT2, FL 33549
US

Mailing Address
c/o RICHARD A. FOCKE
13000 NW 1ST ST.
PLANTATION, FL
US 33325

732416

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

Mailing Address
c/o RICHARD A. FOCKE
Suite, Apt. #, etc.
13000 NW 1ST ST.
City & State
PLANTATION, FL
Zip
33325
Country
US

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0538134

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

6. Name and Address of Current Registered Agent
FOCKE, JR. H.R.
3038-C' N. FED HWY
FT LAUD, FL 33306

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3800 INVERRARY BLVD #209
City LAUDERHILL FL Zip Code 33319

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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	DP FOCKE, RICHARD A. 732 NW 82ND ST. WILTON MANOR, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FOCKE, RICHARD A. 4250 SW 92ND AVE. DAVIE, FL 33388 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP FOCKE, SUSAN W. 13000 NW 1ST ST. PLANTATION, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOCKE, HENRY R. JR. 13000 NW 1ST ST. PLANTATION, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard A. Focke, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/28/00 (954) 723-9906
Daytime Phone #

CR20034 (9/99)

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000082733

1. Corporation Name
HEADBURY FARMS, INC.

Principal Place of Business

C/O RICHARD A FOCKE
4101 HAY ROAD
LUTZ FL 33549
US

Mailing Address

C/O RICHARD A FOCKE
27 CASTLE HARBOR ISLE
FT LAUDERDALE FL 33308
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/14/1994

4. FEI Number
65-0538134

Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 33325 25. US

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. 13000 NW 1 STREET
PLANTATION, FL
29. 33325 30. US

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

9. Name and Address of Current Registered Agent
FOCKE, JR H R
3038-C N FED HIGHWAY
FT LAUD FL 33306

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	FOCKE, RICHARD A	732 NW 22ND ST	WILTON MANORS FL	<input type="checkbox"/>
DSVP	FOCKE, SUSAN W	27 CASTLE HARBOR ISLE	FT LAUDERDALE FL	<input type="checkbox"/>
D	FOCKE, HENRY R JR	27 CASTLE HARBOR ISLE	FT LAUDERDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	Change	Addition
DSVP	FOCKE, SUSAN W.	13000 NW 1ST ST	PLANTATION, FL 33325	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	FOCKE, HENRY R JR	13000 NW 1ST ST	PLANTATION, FL 33325	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard A Focke, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 (954) 723 9906
Date Daytime Phone #