

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90081 041 \*\*\*158.75

DOCUMENT # P95000044956

1. Entity Name

WYNSUM DAIRY, INC.

Principal Place of Business

Mailing Address

SW 30TH BLVD.  
 FL 33513

8744 SW 30TH BLVD.  
 BUSHNELL FL 33513-4943

2. Principal Place of Business

3. Mailing Address

22033 CROON RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BROOKSVILLE, FL.

4. FEI Number

59-3317941

Applied For

Not Applicable

Zip

Country

Zip

Country

34601

HAWAII

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



001329

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

22033 CROON RD.

City

BROOKSVILLE

FL

Zip Code

34601

KEYES, GARY S  
 8744 SW 30TH BLVD.  
 BUSHNELL FL 33513

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

*Gary S. Keyes*

GARY S. KEYES

4-30-00

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 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	<input type="checkbox"/> Delete
NAME	KEYES, GARY S	
STREET ADDRESS	22033 CROON RD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTTON, DANIEL E	
STREET ADDRESS	8744 SW 30TH BLVD.	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Gary S. Keyes*

4-30-00 352-796-9184