

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060815

1. Entity Name

EVENSONG FARM, INC

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90034 048 ***150.00

Principal Place of Business

Mailing Address

23407 NW 91st Street
ALACHUA, FL 32615

'same'

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

59-3333089

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

7. Name and Address of New Registered Agent

WALKER, JAMES V
4655 SALISBURY ROAD
Suite 390
JACKSONVILLE, FL 32256

Address
change

Name

WALKER JAMES V

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

217 Ponte Vedra Park Drive Suite 200
PO Box 676

City

Ponte Vedra Beach

FL

Zip Code

32004

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.
(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 P/S/H/D
NAME Barbara K Smith Hamilton
STREET ADDRESS 23407 NW 91st Street
CITY-ST-ZIP ALACHUA, FL 32615

☐ Delete

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

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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:

Barbara K. Smith Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
Date

(904) 462-7020
Daytime Phone #

CR2E034 (9/99)