2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000067930** Mar 08, 2000 8:00 am **Secretary of State** GREATHOUSE BUTTERFLY FARM, INC. 03-08-2000 90079 027 ***150.00 Mailing Address Principal Place of Business 20329 SR 26 E 🗘 20329 SR 26 E EARLTON FL 32637 6807 **EARLTON FL 32637** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3350339 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 32631-680 3263L-6807 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREATHOUSE, DANIEL G Street Address (P.O. Box Number is Not Acceptable) 636 NE 10TH AVE GAINSVILLE FL 32601-4488 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition PSD ☐ Delete TITLE TITLE NAME GREATHOUSE, ZANE NAME STREET ADDRESS STREET ADDRESS 20329 SR 26 E CITY-ST-ZIP CITY-ST-ZIP EARLETON FL 32631-6807 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME **GREATHOUSE, DANIEL** NAME STREET ADDRESS STREET ADDRESS 636 NE 10 AVENUE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32601 ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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7 MAR 2000

(352) 475-2081

Daytime Phone #