

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097106

1. Entity Name

RICHLYN FARM, INC.

FILED

Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90093 027 ***150.00

0492808

Principal Place of Business
7000 N.W. 225A
OCALA FL 34475

Mailing Address
P.O. BOX 770294
OCALA FL 34477-0294
US

003374



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2608 NE 24th St

3. Mailing Address
Suite, Apt. #, etc.

City & State
Lighthouse Point FL

Zip
33064

Country
Broward

4. FEI Number **59-3457658**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
POLLARD, EVELYN M
7000 N.W. 225A
OCALA FL 34475

7. Name and Address of New Registered Agent
Name **POLLARD, EVELYN M**
Street Address (P.O. Box Number is Not Acceptable)
2608 NE 24th St
City **Lighthouse Point FL** Zip Code **33064**

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 *Evelyn M Pollard*
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, 2001 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	TITLE	POLLARD EVELYN M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLARD, EVELYN M		NAME	2608 NE 24th St	
STREET ADDRESS	7000 N.W. 225A		STREET ADDRESS	Lighthouse Point FL	
CITY-ST-ZIP	OCALA FL 34475		CITY-ST-ZIP	33064	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Evelyn M Pollard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EVELYN M POLLARD

Date **1-9-01** Daytime Phone # **954-781-0110**

CR2E034 (10/00)