

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91157 028 ***150.00

DOCUMENT # P96000010194

1. Entity Name

BROADMOOR FARMS, INC.

Principal Place of Business

Mailing Address

6765 NW 73RD PLACE
 Ocala, FL 34482

6765 NW 73RD PLACE
 Ocala, FL 34482

553673

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

59-3365810

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, LEROY R
 406 N. REO ST.
 SUITE 141
 TAMPA, FL 33609

Name

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

City

FL

Zip Code

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 15, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY - ST - ZIP		NAME STREET ADDRESS CITY - ST - ZIP	
D KEARNS, SUZANNE M 6765 NW 73RD PLACE OCALA FL 34482			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY - ST - ZIP		NAME STREET ADDRESS CITY - ST - ZIP	
D KEARNS, WILLIAM J 6765 NW 73RD PLACE OCALA FL 34482			
TITLE	☐ Delete	TITLE	☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUZANNE M KEARNS

DATE

4/27/01

Daytime Phone #

3526902446

CR2E034 (11/00)