

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032776

1. Entity Name

HATTON'S HARMONY FARMS, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90194 044 \*\*\*150.00

Principal Place of Business

Mailing Address

135 BACOM PT. RD  
PAHOKEE, FL 33476

135 BACOM PT. RD  
PAHOKEE, FL 33476-2104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PAHOKEE, FL

City & State  
PAHOKEE, FL

4. FEI Number  
65-0897011

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

HATTON, TRAVIS  
135 BACOM PT. RD.  
PAHOKEE FL 33476

Name

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

1515 E. Main St.

City  
PAHOKEE

FL

Zip Code  
33476

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HATTON, TRAVIS E  
1515 E. MAIN ST.  
PAHOKEE FL 33476

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPST  
HATTON, ANNE W  
1515 E-MAIN ST.  
PAHOKEE FL 33476

☐ Delete

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

TITLE  
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☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-00

561-124-7022

CR2E034 (9/99)