

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 22, 2000 8:00 am  
Secretary of State

04-22-2000 90042 037 \*\*\*150.00

DOCUMENT # P96000047780

1. Entity Name

SUWANNEE RIVER VALLEY FARMS INC.

Principal Place of Business

9844 SE 159TH AVE  
WHITE SPRINGS FL 32096

Mailing Address

1717 APALACHEE PARKWAY, #448  
TALLAHASSEE FL 32301-3009

2. Principal Place of Business

3. Mailing Address

1699 Apalachee Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB # 448

City & State

City & State

Tallahassee FL

Zip

Country

Zip

Country

32301-3009

USA

4. FEI Number

59-3386811

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

QUINTERO, SHARON A  
1717 APALACHEE PARKWAY, #448  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Same

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

1699 Apalachee Parkway

PMB # 448

City

Tallahassee

FL

Zip Code  
32301

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 Sharon A Quintero

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Sharon A Quintero

4-14-00

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

TITLE P ☐ Delete  
NAME QUINTERO, MARC Z  
STREET ADDRESS 1717 APALACHEE PARKWAY, #448  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ST ☐ Delete  
NAME QUINTERO, SHARON A  
STREET ADDRESS 1717 APALACHEE PARKWAY, #448  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE --- ☐ Delete  
NAME ---  
STREET ADDRESS ---  
CITY-ST-ZIP ---

TITLE --- ☐ Delete  
NAME ---  
STREET ADDRESS ---  
CITY-ST-ZIP ---

TITLE --- ☐ Delete  
NAME ---  
STREET ADDRESS ---  
CITY-ST-ZIP ---

TITLE --- ☐ Delete  
NAME ---  
STREET ADDRESS ---  
CITY-ST-ZIP ---

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Same ☒ Change ☐ Addition  
NAME Same  
STREET ADDRESS 1699 Apalachee Parkway PMB#448  
CITY-ST-ZIP Tallahassee FL 32301

TITLE Same ☒ Change ☐ Addition  
NAME Same  
STREET ADDRESS 1699 Apalachee Parkway # PMB#448  
CITY-ST-ZIP Tallahassee FL 32301

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

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

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

TITLE --- ☐ Change ☐ Addition  
NAME ---  
STREET ADDRESS ---  
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:

Sharon A Quintero  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

Date

(850) 847-0498

Daytime Phone #

CR2E034 (9/99)