

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90470 030 \*\*\*150.00

0040242 AV

**DOCUMENT # P96000047780**

1. Entity Name

SUWANNEE RIVER VALLEY FARMS INC.

Principal Place of Business

9844 SE 159TH AVE  
 WHITE SPRINGS FL 32096

Mailing Address

1699 APALACHEE PARKWAY  
 TALLAHASSEE FL 32301

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

9844 SE 159th Ave.

Suite, Apt. #, etc.

City & State

White Springs, FL

Zip

Country

Zip

Country

32096

Hamilton

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  
 1699 APALACHEE PARKWAY  
 #448  
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Cheryl Quintero

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

9844 SE 159th Ave.

City

White Springs

FL

Zip Code

32096

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

Cheryl Quintero

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

(NOTE: Registered Agent signature required when reinstating)

4-1-02

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, 2002 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	<input type="checkbox"/> Delete
NAME	QUINTERO, CHERYL	
STREET ADDRESS	9844 SE 159 AV	
CITY-ST-ZIP	WHITE SPRINGS FL 32096	
TITLE	P	<input type="checkbox"/> Delete
NAME	QUINTERO, MARC Z	
STREET ADDRESS	9844 SE 159 AV	
CITY-ST-ZIP	WHITE SPRINGS FL 32096	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Cheryl Quintero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02

Date

386-397-4212

Daytime Phone #

CR2E034 (9/01)