

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068047

1. Entity Name

S.A.C.K. FARMS, INC.

Principal Place of Business

5802 THONOTASASSA ROAD
PLANT CITY FL 33564
US

Mailing Address

2305 SYDNEY DOVER RD
DOVER FL 33527
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RICHARDSON, ROSALIE
2305 SYDNEY-DOVER ROAD
DOVER FL 33527

7. Name and Address of New Registered Agent

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

Samuel A. Williamson 1/8/01

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, 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

TITLE D ☐ Delete
NAME WILLIAMSON, SAMUEL D
STREET ADDRESS 2305 SYDNEY-DOVER ROAD
CITY-ST-ZIP DOVER FL 33527

TITLE D ☐ Delete
NAME WILLIAMSON, ANNA M
STREET ADDRESS 2305 SYDNEY-DOVER ROAD
CITY-ST-ZIP DOVER FL 33527

TITLE D ☐ Delete
NAME MILLER, CLINT F
STREET ADDRESS 235 SAN JUAN ROAD
CITY-ST-ZIP WATSONVILLE CA 95076

TITLE D ☐ Delete
NAME MILLER, KAREN V
STREET ADDRESS 235 SAN JUAN ROAD
CITY-ST-ZIP WATSONVILLE CA 95076

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

☐ Change ☐ Addition

TITLE
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

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:

Samuel A. Williamson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01 8136591025

Date Daytime Phone #

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90027 014 ***150.00

00005437



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3397631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

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