

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099142

1. Entity Name

FREESPIRIT FARM, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90432 011 ***150.00

Principal Place of Business

450 E. LAS OLAS BLVD
STE 1500
FT LAUDERDALE FL 33301

Mailing Address

450 E. LAS OLAS BLVD
STE 1500
FT LAUDERDALE FL 33301-2291

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0711815

Applied For

Not Applicable

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

RICHARDSON, GEX F
1935 NE 4TH AVENUE
FT LAUDERDALE FL 33305

Name

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

1333 N. New River Drive East

SUITE 4000

City

FT. LAUDERDALE

FL

Zip Code

33301

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUIZENGA, WAYNE H JR. | NAME | |
| STREET ADDRESS | 450 E. LAS OLAS BLVD., 15TH FLOOR | STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33301 | CITY-ST-ZIP | |
| TITLE | VPS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PIERCE, WILLIAM M | NAME | |
| STREET ADDRESS | 450 E. LAS OLAS BLVD., 15 FLOOR | STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33301 | CITY-ST-ZIP | |
| TITLE | VT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRANDEN, CRIS V | NAME | |
| STREET ADDRESS | 450 E. LAS OLAS BLVD | STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33301 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 954-627-5000
Date Daytime Phone #