

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-01-2000 90432 011 ***150.00

DOCUMENT # P96000099142

1. Entity Name

FREESPIRIT FARM, INC.

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

Suite, Apt. #, etc.

3. Mailing Address

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE **PD** Delete
 NAME **HUIZENGA, WAYNE H JR.**
 STREET ADDRESS **450 E. LAS OLAS BLVD., 15TH FLOOR**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **VPS** Delete
 NAME **PIERCE, WILLIAM M**
 STREET ADDRESS **450 E. LAS OLAS BLVD., 15 FLOOR**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **VT** Delete
 NAME **BRANDEN, CRIS V**
 STREET ADDRESS **450 E. LAS OLAS BLVD**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

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 Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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 CRIS V BRANDEN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
 Day

954-627-5000
 Daytime Phone #