

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100529

1. Entity Name
TWO SISTERS FARM, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90058 002 ***150.00

Principal Place of Business
**20952 60TH TERRACE
LIVE OAK FL 32060**

Mailing Address
**20952 60TH TERRACE
LIVE OAK FL 32060-8762**

010047



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3419345**

Applied For
Not Applicable

Zip Country

Zip Country

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

**THOMAS, DOUGLAS L
20952 60TH TERRACE
LIVE OAK FL 32060**

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 _____ (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

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | DPT | <input type="checkbox"/> Delete |
| NAME | THOMAS, DOUGLAS L | |
| STREET ADDRESS | 20952 60TH TERRACE | |
| CITY-ST-ZIP | LIVE OAK FL | |
| TITLE | DVPS | <input type="checkbox"/> Delete |
| NAME | THOMAS, MIRANDA C | |
| STREET ADDRESS | 20952 60TH TERRACE | |
| CITY-ST-ZIP | LIVE OAK FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | THOMAS, MEGAN C | |
| STREET ADDRESS | 20952 60TH TERR | |
| CITY-ST-ZIP | LIVE OAK FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | THOMAS, MALONE L | |
| STREET ADDRESS | 20952 60TH TERR | |
| CITY-ST-ZIP | LIVE OAK FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | THOMAS, AUSTIN R | |
| STREET ADDRESS | 20952 60TH TERR | |
| CITY-ST-ZIP | LIVE OAK FL | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 not empowered.

SIGNATURE: *Douglas L Thomas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904 658-2378

CR2E034 (9/99)