

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90097 001 ***150.00

DOCUMENT # P96000101224

1. Entity Name

NEUHOFFER GROVE & FARM SERVICE, INC.

Principal Place of Business

Mailing Address

**14328 CURLEY ROAD
 CITY FL 33525**

**14328 CURLEY ROAD
 DADE CITY FL 33525-7809**

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

59-3415196

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

Name

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

City

FL

Zip Code

**NEUHOFFER, LOUIS A
 14328 CURLEY ROAD
 DADE CITY FL 33525**

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

☐ Delete

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DPS
 NEUHOFFER, LOUIS A
 14328 CURLEY ROAD
 DADE CITY FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DVT
 NEUHOFFER, ROBIN M.
 14328 CURLEY RD
 DADE CITY FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 NEUHOFFER, DANIEL M
 14328 CURLEY RD
 DADE CITY FL 33525**

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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 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

Date

Daytime Phone #

4/24/00

(352) 588-3878

CR2E034 (9/99)