

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90012 023 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000101711

1. Entity Name
MISSOURI FARMS, INC.

Principal Place of Business **Mailing Address**
 1000 ALEXANDER CROSSING WAY 1603 ALEXANDER CROSSING WAY
 CITY CENTER FL 33573 SUN CITY CENTER FL 33573-4857

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 **59-3431989** **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 SLAUGHTER, B B
 1603 ALEXANDER CROSSING WAY
 SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent
 Name *Carol J Slaughter*
 Street Address (P.O. Box Number is Not Acceptable) *1603 Alexander Crossing Way*
 City *SunCity Center* FL Zip Code *33573*

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 *Carol J. Slaughter* **DATE** *1/8/2000*
 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2000 Fee will be \$550.00**
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D	SLAUGHTER, MARK D	703 E QUAIL VALLEY DRIVE PROVO UT 84604	<input type="checkbox"/>	<input type="checkbox"/>
	D	CHESTNUT, AMY E	852 35TH AVE. N ST. PETERSBURG FL 33704	<input type="checkbox"/>	<input type="checkbox"/>
	ST	SLAUGHTER, CAROL J	1603 ALEXANDER CROSSING WAY SUN CITY CENTER FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Carol J. Slaughter* **DATE:** *1/8/2000* **Daytime Phone #:** *813 633-1330*
 Signature and typed or printed name of signing officer or director

01-19-2000