## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P9700002600 May 18, 2000 8:00 am Secretary of State HEATH FARMS, INC. 05-18-2000 90329 026 \*\*\*150.00 Principal Place of Business Mailing Address 4445 N.W. 79TH TERRACE RD. 4445 N.W. 79TH TERRACE RD. OCALA FL 34474 OCALA FL 34482-2091 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3464400 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BULLARD, J. WARREN Street Address (P.O. Box Number is Not Acceptable) 18 N.W. Third Avenue 121 N.W. THIRD STREET OCALA FL 34475 0cala Zip Code 34475 FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE HEATH, BONNIE M NAME NAME 4445 N.W. 79th Terrace Road STREET ADDRESS 4480 S.W. COLLEGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34474 Ocala, FL 34482 [] Change Addition ☐ Delete TITLE D/P/T/S TITLE HEATH, OPAL W NAME NAME 4445 N.W. 79th Terrace Road 4480 S.W. COLLEGE ROAD STREET ADDRESS STREET ADDRESS Ocala, FL 34482 CITY-ST-7IP OCALA FL 34474 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS 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 like empowered.

COpal W. Heath

Daytime Phone #

SIGNATURE: