## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

## FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P97000023035** MEAGHER FARMS, INC. 04-26-2001 90323 028 \*\*\*158.75 Principal Place of Business Mailing Address 2240 N SKEETER TERR 2240 N SKEETER TER HERNANDO FL 34442 HERNANDO FL 34442 R0037873 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0737028 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUNW Belcastno MEAGHER, JAMES J Street Address (P.O. Box Number is Not Acceptable) 7555 TURNER CAMP ROAD **INVERNESS FL 34453** Zip Code Lnvernoss 34453 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 Fiorida SIGNATURE BRIAN BekASTIO ered agent and tife if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE Delete TITLE M Change ☐ Addition D NAME MEAGHER, JAMES J NAME BRIAN Belopstro STREET ADDRESS 7555 TURNER CAMP ROAD STREET ADDRESS 2180 Evenus St CITY-ST-ZIP CITY-ST-7IP **INVERNESS FL 34453** Inventess F1 34453 TITLE TiTLE Addition MEAGHER, SUSAN D NAME Keish m Beleastro 1845 N. Boach PARK De. STREET ADDRESS 7555 TURNER CAMP ROAD STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP **INVERNESS FL 34453** Inverses F1 34457 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR