

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072408

1. Entity Name

**BIG LAKE FARMS, INC.**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91218 002 \*\*\*150.00

**A0064799**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**1798 E. MAIN ST.  
PAHOKEE, FL 33476**

**1798 E. MAIN ST.  
PAHOKEE, FL 33476**

2. Principal Place of Business

**707 SEMINOLE AVENUE**

Suite, Apt. #, etc.

**CLE**

City & State

**CLEWISTON, FL**

3. Mailing Address

**POST OFFICE BOX 579**

Suite, Apt. #, etc.

City & State

**PAHOKEE, FL**

4. FEI Number

**65-0792180**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip  
**33440**

Country  
**USA**

Zip  
**33476**

Country  
**USA**

6. Name and Address of Current Registered Agent

**THOMPSON, JOSEPH L  
1798 E. MAIN ST  
PAHOKEE, FL 33476**

7. Name and Address of New Registered Agent

Name

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

**707 SEMINOLE AVENUE**

City

**CLEWISTON**

**FL**

Zip Code

**33440**

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, 2001 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
THOMPSON, JOSEPH L  
1798 E. MAIN ST  
PAHOKEE, FL 33476** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
CONLEY, ADA B.  
13600 S.W. CONNERS HWY  
OKEECHOBEE, FL 34974** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**707 SEMINOLE AVENUE  
CLEWISTON, FL 33440** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**16500 SW MORGAN RD  
INDIANTOWN, FL 34956** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Ada Bush Conley*

**ADA BUSH CONLEY 04/26/01 561-924-5651**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/00)