

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90074 009 ***550.00

DOCUMENT # P97000098679

1. Entity Name
CRAB CREEK ROAD FARMS, INC.

Principal Place of Business
21524 NW 94TH AVENUE
ALACHUA FL 32615

Mailing Address
21524 NW 94TH AVENUE
ALACHUA FL 32615

00001046



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address **ATTN: HENRY RAATTAMA**
ONE S.E. THIRD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

28 FLOOR

City & State

City & State

MIAMI, FLORIDA

4. FEI Number **58-2361768**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33131

USA

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

RAATTAMA, HENRY H JR
ONE SE THIRD AVENUE 28TH FLOOR
MIAMI FL 33131

Name

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

City

FL

Zip Code

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP
CLARK, CHRISTINA H
21524 NW 94TH AVE
ALACHUA FL 32615 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DVPS
CLARK, FRED
21524 NW 94TH AVE
ALACHUA FL 32615 ☐ Delete

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

TITLE
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☐ Delete

TITLE
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 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: **H. Raattama**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/01 **305 982 5656**
 Date Daytime Phone #

CR2E034 (5/01)