

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90072 003 ***150.00

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1. Entity Name
SOUTH POINTE FARM, INC.



Principal Place of Business
**21551 SE 42ND STREET
MORRISTON FL 32668**

Mailing Address
**6280 RUE-DU-LAC
WEST BLOOMFIELD MI 48323**



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 **59-3478917**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent -

JOHNSON, CHERYL

**21151 SE 42ND STREET
MORRISTON FL 32668**

Change Address only

Name

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

21551 S.E. 42nd Street

City

Morrison

FL

Zip Code

32668

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD HUGGARD, DOROTHY J	6280 RUE DU LAC	WEST BLOOMFIELD MI 48323				
	D HAGGARD, KENNETH E	6280 RUE-DU-LAC	WEST BLOOMFIELD FL 48323				
	STD MINNOCK, DIANE	5070 STONE RIVER DR	LA GRANGE KY 40031				

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-03 (248) 683-5282