

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104589

1. Entity Name
BRUSH CREEK FARM, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90435 006 ***158.75

Principal Place of Business
BRUSH CREEK FARM INC.
RT. 4 BOX 8389
HILLIARD FL 32046

Mailing Address
BRUSH CREEK FARM INC.
RT. 4 BOX 8389
HILLIARD FL 32046
US

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 59-3482483

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARRIS, MITCHELL
RT. 4 BOX 8389
HILLIARD FL 32046

7. Name and Address of New Registered Agent

Name HARRIS, Michael
Street Address (P.O. Box Number is Not Acceptable)
Rt 4 Box 8389
City Hilliard FL Zip Code 32046

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 Michael Harris, m. 3/10/01
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	D	<input type="checkbox"/> Delete
NAME	HARRIS, DEBRA	
STREET ADDRESS	RT. 4 BOX 8389	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARRIS, MITCHELL D	
STREET ADDRESS	1966 N. OLD DIXIE HWY	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, MICHAEL	
STREET ADDRESS	RT 4 BOX 8389	
CITY-ST-ZIP	Hilliard, FL 32046	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE: Debra Harris, DEBRA HARRIS, D 3/10/01 (904) 845-4604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

047893

CR2E034 (10/00)