## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 26, 2000 8:00 am Secretary of State DOCUMENT # P97000107570 PHIL TURNER FARMS, INC. 01-26-2000 90183 024 \*\*\*150.00 Principal Place of Business Mailing Address 1999 NE LIVINGSTON ST. 1999 NE LIVINGSTON ST. ARCADIA FL 34266 ARCADIA FL 34266-4573 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3483989 Not A Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TURNER, PHILIP W Street Address (P.O. Box Number is Not Acceptable) 1999 NE LIVINGSTON ST. ARCADIA FL 34266 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change TITLE TITLE ☐ Delete TURNER, PHILIP W NAME NAME STREET ADDRESS STREET ADDRESS 1999 NE LIVINGSTON STREET CITY-ST-ZIP CITY-ST-7IP ARCADIA FL 34266 ☐ Change TITLE ☐ Delete TITLE TURNER, PHILIP W JR NAME NAME 4067 NE MASTERS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARCADIA FL 34266 STD-- Delete +TITLE TITLE \_ - \_ Change MCKETTRICK, LIBBY T NAME NAME 1922 NE LIVINGSTON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARCADIA FL 34266 \_ · · · · TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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:

Libby T. McKettrick 1–21–2000 863–494–3700

NG OFFICER OR DIRECTOR

CITY-ST-ZIP

CITY-ST-ZIP