

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90079 023 \*\*\*150.00

**DOCUMENT # P98000003499**

1. Entity Name

**SOUTH HAMPTON FARMS, INC.**

Principal Place of Business

Mailing Address

HC2, BOX 606  
 SATSUMA FL 32189

HC2, BOX 606  
 SATSUMA FL 32189-9655

2. Principal Place of Business

**5251 Race Track Rd.**

3. Mailing Address

**324 PARADISE CIR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FL.**

City & State

**SATSUMA, FL.**

4. FEI Number

**59-3508675**

Applied For

Not Applicable

Zip

**32259**

Country

**DUVAL**

Zip

**32189**

Country

**PUTNAM**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KNOWLES, EVELYN**  
**HC2, BOX 606**  
**SATSUMA FL 32189**

7. Name and Address of New Registered Agent

Name

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

**324 PARADISE CIRCLE**

City

**SATSUMA**

FL

Zip Code

**32189**

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, 2000 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 ☐ Delete

**PO**  
**KNOWLES, CARL**  
**HC2, BOX 606**  
**SATSUMA FL 32189**

TITLE ☐ Delete

**STD**  
**KNOWLES, EVELYN**  
**HC2, BOX 606**  
**SATSUMA FL 32189**

TITLE ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3. 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:

**SIGNATURE REQUIRED**  
**Evelyn Knowles**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3-16-00**

Daytime Phone #

**904-268-0640**

CR2E034 (9/99)