

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014675

1. Entity Name

CORNERSTONE FARMS OF SOUTH FLORIDA, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90009 032 \*\*\*150.00

Principal Place of Business

31 HEATHER COVE DR  
BOYNTON BEACH FL 33462  
US

Mailing Address

31 HEATHER COVE DR  
BOYNTON BEACH FL 33436-8942  
US

2. Principal Place of Business

4574 HUNTING TRAIL

Suite, Apt. #, etc.

3. Mailing Address

4574 HUNTING TRAIL

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

65-0815663

Applied For

Not Applicable

Zip

33467

Country

PALM BCH

Zip

33467

Country

PALM BCH

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEDLEY, MICHAEL L  
31 HEATHER COVE DR  
BOYNTON BEACH FL 33462

7. Name and Address of New Registered Agent

Name

MICHAEL L MEDLEY

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

4574 HUNTING TRAIL

City

LAKE WORTH

FL

Zip Code

33467

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 L Medley*

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

(NOTE: Registered Agent signature required when reinstating)

4/26/00

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	D	<input type="checkbox"/> Delete
NAME	MEDLEY, MICHAEL L	
STREET ADDRESS	31 HEATHER COVE DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDLEY, DIANE F	
STREET ADDRESS	31 HEATHER COVE DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDLEY, MICHAEL L	
STREET ADDRESS	4574 HUNTING TRAIL	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDLEY, DIANE F	
STREET ADDRESS	4574 HUNTING TRAIL	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
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:

*Michael L Medley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00  
Date

(854) 975-7777  
Daytime Phone #

CR:EO34 (9/99)