

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90147 007 ***150.00

DOCUMENT # **P980000067139** ✓

1. Entity Name

Sand River Farms, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1801 Kent Road

Suite, Apt. #, etc.

3. Mailing Address

1801 Kent Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Chipley - Florida

City & State

Chipley Florida

4. FEI Number

59-3525940

Applied For

Not Applicable

Zip

Country

32428

Zip

Country

32428

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Lisa M. Bateman

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

1801 Kent Road

City

Chipley FL 32428 FL

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P/S/T/D						
	Lisa M. Bateman	1801 Kent Rd	Chipley FL 32428				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa M. Bateman

Lisa M. Bateman

4-23-02 850-638-7851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)