

**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
Zip
32428
Country

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Chipley Florida
Zip
32428
Country

4. FEI Number
59-3525940
Applied For
Not Applicable

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

**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)