

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90094 027 \*\*\*150.00

**DOCUMENT # P98000102507**

1. Entity Name  
**NYALA FARMS, INC.**

Principal Place of Business

**1801 HERMITAGE BLVD  
 SUITE 600  
 TALLAHASSEE FL 32308**

Mailing Address

**1801 HERMITAGE BLVD  
 SUITE 600  
 TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3545980**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TODD, DAVID E  
 1801 HERMITAGE BLVD  
 SUITE 100  
 TALLAHASSEE FL 32308**

Name

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

City

**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)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **BENNETT, DOUGLAS W**  
 STREET ADDRESS **1801 HERMITAGE BLVD SUITE 600**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DVAS** ☒ Delete  
 NAME **HORTON, JAMES W**  
 STREET ADDRESS **1801 HERMITAGE BLVD SUITE 600**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **DVAS** ☐ Change ☒ Addition  
 NAME **Smith, Jeffrey**  
 STREET ADDRESS **1801 Hermitage Blvd. #600**  
 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **DVAT** ☐ Delete  
 NAME **GRAY, LYNNE M**  
 STREET ADDRESS **1801 HERMITAGE BLVD #600**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **P** ☐ Delete  
 NAME **SMITH, G ANDREWS**  
 STREET ADDRESS **8750 N CENTRAL EXPRESSWAY #800**  
 CITY-ST-ZIP **DALLAS TX 75231**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V** ☐ Delete  
 NAME **DALEY, EDWARD**  
 STREET ADDRESS **8750 N CENTRAL EXPRESSWAY #800**  
 CITY-ST-ZIP **DALLAS TX 75231**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V** ☐ Delete  
 NAME **FARALDO, MARK**  
 STREET ADDRESS **8750 N CENTRAL EXPRESSWAY #800**  
 CITY-ST-ZIP **DALLAS TX 75231**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-11-02 214990800**

CR2E034 (9/01)