2000 UNIFORM BUSINESS REPORT (UBR)

Apr 14, 2000 8:00 am Secretary of State DOCUMENT # P99000027311 JOCKEY CLUB FARM, INC. 04-14-2000 90124 023 ***150.00 Principal Place of Business Mailino Address 7900 NW 137TH AVENUE ROAD 7900 NW 137TH AVENUE ROAD MORRISTON FL 32668 MORRISTON FL 32668-7421 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number *5*9-3574625 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required _7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent DIAZ, EDGAR J Street Address (P.O. Box Number is Not Acceptable) 7900 NW 137TH AVENUE ROAD **MORRISTON FL 32668** 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete TITI F TITLE NAME DIAZ. JUVENALL L NAME STREET ADDRESS STREET ADDRESS 7900 NW 137TH AVENUE ROAD CITY-ST-ZIP CITY-ST-ZIP MORRISTON FL 32668 ☐ Addition ☐ Change ☐ Delete TITLE NAME DIAZ, YOLANDA N NAME STREET ADDRESS 7900 NW 137TH AVENUE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MORRISTON FL 32668 Change - [Addition ☐ Delete ---TITLE TITLE DIAZ, EDGAR J NAME NAME STREET ADDRESS 7900 NW 137TH AVENUE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MORRISTON FL 32668** Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Daytime Phone #

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR