

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/8

**FILED**  
**Jun 01, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90085 048 \*\*\*150.00

**DOCUMENT # P99000033508**

1. Entity Name

**SANTA ROSA LIQUID FEED, INC.**

Principal Place of Business

Mailing Address

4295 GOLDFINCH LANE  
 JAY FL 32565

4295 GOLDFINCH LANE  
 JAY FL 32565-4018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

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 reappointing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	JACKSON, HENRY JR	
STREET ADDRESS	4295 GOLDFINCH LANE	
CITY-ST-ZIP	JAY FL 32565	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GODWIN, TERRELL WAYNE	
STREET ADDRESS	120 SPRING STREET	
CITY-ST-ZIP	JAY FL 32565	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JACKSON, PEGGY K	
STREET ADDRESS	4295 GOLDFINCH LANE	
CITY-ST-ZIP	JAY FL 32565	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: HENRY JACKSON** *Henry Jackson* **4296-00** **850-675-2665**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)