

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054426

1. Entity Name

DOUBLE BROOK FARM, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90315 010 ***150.00

Principal Place of Business

1283 NE 120TH STREET
OCALA FL 34479-1020

Mailing Address

1283 NE 120TH STREET
OCALA FL 34479-1020

2. Principal Place of Business

1283 NE 120th St.
Suite, Apt. #, etc.

3. Mailing Address

1283 NE 120th St.
Suite, Apt. #, etc.

004041



DO NOT WRITE IN THIS SPACE

City & State
OCALA, FL

City & State
OCALA, FL

4. FEI Number

59-3587961

Applied For

Not Applicable

Zip Country
34479 USA

Zip Country
34479 USA

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

CROTHERS, ANNA
1283 NE 120TH STREET
OCALA FL 34479-1020

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

Anna Crothers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-00

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

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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	S	<input type="checkbox"/> Delete
NAME	CROTHERS, ANNA M	
STREET ADDRESS	1283 NE 120TH STREET	
CITY-ST-ZIP	OCALA FL 34479-1020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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:

Anna Crothers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-00 (302) 840-0112

CR2E034 (9/99)