

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065636

1. Entity Name

BROOKE FARMS, INC.

Principal Place of Business

POST OFFICE BOX 2784
LAKELAND FL 33806

Mailing Address

POST OFFICE BOX 2784
LAKELAND FL 33806-2784

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ARTMAN, STEPHEN H
908 SOUTH FLORIDA AVENUE SUITE 102
COLONIAL BUILDING
LAKELAND FL 33803

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 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, 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

TITLE ☐ Delete
NAME D
STREET ADDRESS HARPER, ROBERT F IV
CITY-ST-ZIP 914 S. FLORIDA AVENUE SUITE 209
LAKELAND FL 33803

TITLE ☐ Delete
NAME D
STREET ADDRESS STOKES, JEFFREY K
CITY-ST-ZIP 1655 OLD LAKE WALES ROAD
BARTOW FL 33830

TITLE ☐ Delete
NAME D
STREET ADDRESS BLALOCK, WILLIAM M
CITY-ST-ZIP 1111 8TH AVENUE WEST
BRADENTON FL 34205

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 908 S. Florida Ave, Suite 106
CITY-ST-ZIP Lakeland, FL 33803

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

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

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

TITLE ☐ Change ☐ 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:

Robert F. Harper IV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90240 023 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-358899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required