

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P990000073882**

1. Entity Name

**SOD FATHER IRRIGATION INC.**

Principal Place of Business

Mailing Address

2. Principal Place of Business

**5524**

**14th ST. W**

3. Mailing Address

**P.O. Box #10715**

Suite, Apt. #, etc.

**# B**

Suite, Apt. #, etc.

City & State

**BRADENTON, FLA.**

City & State

**BRADENTON, FLA.**

Zip

**34207**

Country

**MANATEE**

Zip

**34282**

Country

**MANATEE**

4. FEI Number

**65-0961780**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

FILED

00 OCT 16 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

**SUE FRENCH**  
**5070 18th AVE. WEST**  
**BRADENTON, FLA.**  
**34209**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>R. FRENCH</b>	
STREET ADDRESS	<b>5070 18th AVE. WEST</b>	
CITY-ST-ZIP	<b>BRADENTON, FLA. 34209</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Delete
NAME	<b>SUE FRENCH</b>	
STREET ADDRESS	<b>5070 18th AVE. WEST</b>	
CITY-ST-ZIP	<b>BRADENTON, FLA. 34209</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>400003438084--6</b>	
STREET ADDRESS	<b>-10/24/00--01092--019</b>	
CITY-ST-ZIP	<b>****150.00 ****150.00</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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
NAME		
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:

**R. French**

**R. FRENCH**

**10/10/00**

**941-752-3243**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SP**

October 10, 2000

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

Enclosed is my Uniform Business Report that I am supposed to file with your office. Please accept my apologies for its lateness. The original one was either never received or was lost.

Sincerely,

A handwritten signature in cursive script, appearing to read "R. French".

Robert French  
President  
Sodfather Irrigation, Inc  
P.O. Box 10715  
Bradenton, FL 34282-0715