

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 08, 2000 8:00 am
Secretary of State

05-12-2000 90069 028 ***150.00

DOCUMENT # P99000077377

1. Entity Name

CUSTARD APPLE TREE FARM, INC.

Principal Place of Business

Mailing Address

~~1930 D ROAD~~
~~LOXAHATCHEE FL 33470~~

~~1930 D ROAD~~
~~LOXAHATCHEE FL 33470-8662~~

2. Principal Place of Business

1701 BLUFF HAMMOCK RD

3. Mailing Address

PO Box 639

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LORIDA, FL

City & State

LORIDA, FL

4. FEI Number

65-0942477 110312

Applied For

Not Applicable

Zip

33857

Country

HIGHLANDS

Zip

33857

Country

HIGHLANDS

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, LINDA K
5583 COLBRIGHT ROAD
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name

ROBINSON, DAVID

Street Address (P.O. Box Number is Not Acceptable)

1701 BLUFF HAMMOCK RD

City

LORIDA

FL

Zip Code

33857

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 David Robinson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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 Pres/T ☐ Delete
NAME ROBINSON, DAVID
STREET ADDRESS 1701 BLUFF HAMMOCK
CITY-ST-ZIP LORIDA, FL 33857

TITLE VP/S ☐ Delete
NAME NELSON, James
STREET ADDRESS 1701 BLUFF HAMMOCK RD
CITY-ST-ZIP LORIDA, FL 33857

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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: David Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

863-653-1350

Daytime Phone #

CR2E034 (9/99)