

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90016 041 ***150.00

0412823 AV

DOCUMENT # P99000098612

1. Entity Name

LITHIA FARMS INC.

Principal Place of Business

P.O. BOX 680
 LITHIA FL 33547

Mailing Address

P.O. BOX 680
 LITHIA FL 33547

2. Principal Place of Business

P.O. Box 957

3. Mailing Address

P.O. Box 957

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. McCoy, FL

City & State

FT. McCoy, FL

4. FEI Number

59-3353471

☒ Applied For
☐ Not Applicable

Zip

32134

Country

Marion

Zip

32134

Country

Marion

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BENNETT, DOYLE R
11611 LITHIA PINECREST ROAD
LITHIA FL 33547

7. Name and Address of New Registered Agent

Name **Doyle R. Bennett**
 Street Address (P.O. Box Number is Not Acceptable)
15320 N.E. 237th PL
 City **Ft. McCoy** **FL** Zip Code **32134**

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 **Doyle R. Bennett, President**
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-9-2002**

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, 2002 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 **P** ☐ Delete
 NAME **BENNETT, DOYLE R**
 STREET ADDRESS **11611 LITHIA PINECREST RD.**
 CITY-ST-ZIP **LITHIA FL 33547**

TITLE **VP** ☐ Delete
 NAME **YOUNG, CHRISTOPHER**
 STREET ADDRESS **11611 LITHIA PINECREST RD.**
 CITY-ST-ZIP **LITHIA FL 33547**

TITLE **ST** ☐ Delete
 NAME **BENNETT, JEAN**
 STREET ADDRESS **11611 LITHIA PINECREST RD.**
 CITY-ST-ZIP **LITHIA FL 33547**

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 **P** ☒ Change ☐ Addition
 NAME **Bennett, Doyle R.**
 STREET ADDRESS **15320 N.E. 237th PL.**
 CITY-ST-ZIP **Ft. McCoy, FL 32134**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Young Christopher G.**
 STREET ADDRESS **15320 N.E. 237th PL**
 CITY-ST-ZIP **Ft. McCoy, FL 32134**

TITLE **ST** ☒ Change ☐ Addition
 NAME **Bennett, Jean**
 STREET ADDRESS **15320 N.E. 237th PL**
 CITY-ST-ZIP **Ft. McCoy, FL 32134**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: **Doyle R. Bennett, President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doyle R. Bennett
 Date **1-9-2002** Daytime Phone # **352-620-8383**

CR2E034 (9/01)