

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 13, 2000 8:00 am
Secretary of State

05-08-2000 90017 015 ***150.00
09-13-2000 90023 016 ***400.00

DOCUMENT # P99000106526

1. Entity Name
STONE TREE FARM, INC.

Principal Place of Business
251 ROYAL PALM WAY STE 602
PLM BEACH FL 33480

Mailing Address
251 ROYAL PALM WAY STE 602
PLM BEACH FL 33480

A0077436



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14397 EQUESTRIAN WAY
Suite, Apt. #, etc.
WELLINGTON FL

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
33414-7620

City & State

4. FEI Number
05-1029355

Applied For
Not Applicable

Zip Country
PALM BEACH

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE MENDOZA, MARIO D III ESQ
251 ROYAL PALM WAY STE 602
PLM BEACH FL 33480

7. Name and Address of New Registered Agent

Name
AVON L. STEINBAUM
Street Address (P.O. Box Number is Not Acceptable)
14397 EQUESTRIAN WAY
City Wellington FL Zip Code 33414

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 NAME STREET ADDRESS CITY-ST-ZIP | D DE MENDOZA, MARIO D III 251 ROYAL PALM WAY STE 602 PLM BEACH FL 33480 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD AVON L. STEINBAUM 14397 EQUESTRIAN WAY WELLINGTON FL 33414-7620 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST LAURENCE V. STEINBAUM 14397 EQUESTRIAN WAY WELLINGTON FL 33414-7620 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: AVON L. STEINBAUM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/2000
Date

561/753-8338
Daytime Phone #

CR2E034 (5/00)