

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90731 001 ***150.00

0593470 AV

DOCUMENT # S37461
 1. Entity Name
HIDDEN HAMMOCK DAIRY, INC.

Principal Place of Business Mailing Address
4141 SE 180TH ST 4141 SE 180TH ST
SUMMERFIELD FL 34491 SUMMERFIELD FL 34491

B0061400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3056731** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SIVERSON, H NELS
4141 SE 180TH ST
SUMMERFIELD FL 34491

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	S	<input type="checkbox"/> Delete
NAME	SIVERSON, MARILYN A	
STREET ADDRESS	4141 SE 180TH ST	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SIVERSON, NELS H	
STREET ADDRESS	4141 SE 180TH STREET	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, RICHARD	
STREET ADDRESS	700 SE 35TH ST.	
CITY-ST-ZIP	OCALA FL 32871	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VAN HOUTEN, TOM	
STREET ADDRESS	8010 S.E. 123RD LN	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIVERSON, TORMOD N.	
STREET ADDRESS	4141 SE 180TH ST	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
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		
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: *Marilyn A. Siverson* **MARILYN A. SIVERSON** 3/29/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)