

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S53236

1. Entity Name

FARRAR CAPITAL MANAGEMENT, INC.

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90112 048 ***150.00

Principal Place of Business

Mailing Address

1015 GRACE AVE
SUITE C
PANAMA CITY FL 32401
US

P O BOX 15638
PANAMA CITY FL 32406-5638

2. Principal Place of Business

2814 W. 15th St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

City & State

Panama City, FL

City & State

4. FEI Number

59-3069841

Applied For

Not Applicable

Zip

Country

Zip

Country

32401

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARRAR, KERRY D
1015 GRACE AVE
SUITE C
PANAMA CITY FL 32401

Name

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

2814 W. 15th Street

Suite 1

City

Panama City

FL

Zip Code

32401

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
FARRAR, KERRY D
815 BRANDEIS AVE.
PANAMA CITY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2101 W. Hwy 390 - APT. 728
Lynn Haven, FL 32444

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kerry D. Farrar - President

Date

Daytime Phone #

5/17/00 (850-872-0450)

C-14 (9/99)