

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90128 050 \*\*\*150.00

0562765

**DOCUMENT # S79792**

1. Entity Name

**BARFIELD FARMS, INC.**

Principal Place of Business

1212 N. 15TH ST  
IMMOKALEE FL 34142  
US

Mailing Address

P.O. BOX 3265  
IMMOKALEE FL 34143

2. Principal Place of Business

3065 Hwy 29 V

3. Mailing Address

Suite, Apt. #, etc.

City & State

Immokalee FL

City & State

Zip

Country

34142

USA

Zip

Country

4. FEI Number

65-0285215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARFIELD, JAMES E  
CROSS RD  
IMMOKALEE FL 34142

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

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, 2001 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 D ☐ Delete  
NAME BARFIELD, JAMES FRED  
STREET ADDRESS HIGHWAY 29 NORTH  
CITY-ST-ZIP IMMOKALEE FL

TITLE PD ☐ Delete  
NAME BARFIELD, JAMES E.  
STREET ADDRESS CROSS ROAD  
CITY-ST-ZIP IMMOKALEE FL

TITLE VD ☐ Delete  
NAME BARFIELD, THOMAS W.  
STREET ADDRESS 560 FOX CREEK DR  
CITY-ST-ZIP LEHIGH FL

TITLE STD ☐ Delete  
NAME BARFIELD, MARY ALICE  
STREET ADDRESS HIGHWAY 29 NORTH  
CITY-ST-ZIP IMMOKALEE FL

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  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01  
Date

(941) 657-3613  
Daytime Phone #

CR2E034 (10/00)