

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90110 011 \*\*\*150.00

**DOCUMENT # S79792**

1. Entity Name  
**BARFIELD FARMS, INC.**

Principal Place of Business

**3065 HWY 29 NORTH  
 IMMOKALEE FL 34142  
 US**

Mailing Address

**P.O. BOX 3265  
 IMMOKALEE FL 34143**

2. Principal Place of Business

3. Mailing Address

**3065 State Rd 29N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Immokalee, FL**

4. FEI Number

**65-0285215**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34142**

**USA**

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

**BARFIELD, JAMES E  
 CROSS RD  
 IMMOKALEE FL 34142**

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.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARFIELD, JAMES FRED</b>	
STREET ADDRESS	<b>HIGHWAY 29 NORTH</b>	
CITY-ST-ZIP	<b>IMMOKALEE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BARFIELD, JAMES E.</b>	
STREET ADDRESS	<b>CROSS ROAD</b>	
CITY-ST-ZIP	<b>IMMOKALEE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BARFIELD, THOMAS W.</b>	
STREET ADDRESS	<b>560 FOX CREEK DR</b>	
CITY-ST-ZIP	<b>LEHIGH FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>BARFIELD, MARY ALICE</b>	
STREET ADDRESS	<b>HIGHWAY 29 NORTH</b>	
CITY-ST-ZIP	<b>IMMOKALEE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3065 State Rd 29N.</b>	
CITY-ST-ZIP	<b>Immokalee, FL 34142</b>	
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	<b>3065 State Rd. 29N.</b>	
CITY-ST-ZIP	<b>Immokalee, FL 34142</b>	
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: **MARY ALICE BARFIELD** **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/02** **(941) 6573613**  
 Date Daytime Phone #

CR2E034 (9/01)