

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V12741

1. Entity Name

CENTAUR FARMS, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90023 043 ***150.00

Principal Place of Business

11393 ACME ROAD
WEST PALM BEACH FL 33414

Mailing Address

11393 ACME ROAD
WEST PALM BEACH FL 33414-5112

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3500 Fairlane Farms Road

Suite 15

Wellington, FL

33414

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0308380

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SASSOON, JEANETTE
11393 ACME ROAD
WEST PALM BEACH FL 33414

7. Name and Address of New Registered Agent

Name Jeanette Sassoon

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

3500 Fairlane Farms Rd

Suite 15

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 \$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

TITLE D
NAME SASSOON, JEANETTE
STREET ADDRESS 11393 ACME ROAD
CITY-ST-ZIP WEST PALM BCH FL

☐ Delete

TITLE VPT
NAME FELLERS, GARY THOMAS
STREET ADDRESS 11393 ACME RD
CITY-ST-ZIP WELLINGTON FL 33414

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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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

3/2/99

Date

795-1719

Daytime Phone #

CR2E034 (9/99)