

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V43650

1. Entity Name
PINE GROVE DAIRY, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90227 002 ***150.00

Principal Place of Business

10899 GARDEN ST
JACKSONVILLE FL 32219
US

Mailing Address

POB 60577
JACKSONVILLE FL 32236-0577
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3127832

Applied For

Not Applicable

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

WILLIAMS, ERIC W
10893 GARDEN ST
JACKSONVILLE FL 32219

CHANGE OF
ADDRESS →
ONLY

Name WILLIAMS, ERIC W.

Street Address (P.O. Box Number is Not Acceptable)
10899 GARDEN ST.

City JACKSONVILLE FL Zip Code 32219

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 of current registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ERIC W. WILLIAMS

2-28-00

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 D
NAME WILLIAMS, ERIC W.
STREET ADDRESS 10899 GARDEN ST
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

4-2-00 901268-6543

CR2E034 (9/99)