

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V71359**

1. Entity Name

RIVER VALLEY FARMS, INC.**FILED****Apr 10, 2000 8:00 am**
Secretary of State

04-10-2000 90060 013 ***150.00

Principal Place of Business

Mailing Address

8620 85 ST
VERO BEACH FL 32967-3907**8620 85 ST**
VERO BEACH FL 32969-0277

2. Principal Place of Business

333 17th Street

3. Mailing Address

333 17th Street

Suite, Apt. #, etc.

Suite V

Suite, Apt. #, etc.

Suite V

City & State

Vero Beach, Florida

City & State

Vero Beach, Florida

4. FEI Number

65-0361922

Applied For

Not Applicable

Zip **32960**

Country

USAZip **32960**

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****MCHUGH, JOHN JOSEPH, JR.**
333 17 ST
SUITE U
VERO BEACH FL 32960**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, 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 ☐ Delete
NAME **D**
STREET ADDRESS **DAVIS, JACK L.**
CITY-ST-ZIP **8620 85 ST**
VERO BEACH FL 32907-3907TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **DAVIS, JACK L.**
CITY-ST-ZIP **333 17th Street, Suite V**
Vero Beach, Florida 32960TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 another like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #