

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90157 042 ***150.00

DOCUMENT # 167059

1. Entity Name
RAMSEYS STOCK FARM INC

U U I U U



DO NOT WRITE IN THIS SPACE

Principal Place of Business: RT. 1 BOX 288, MICANOPY FL 32667, US
 Mailing Address: RT. 1 BOX 288, MICANOPY FLA 32667-9801, US

2. Principal Place of Business: 3421 SW Wacahoota Rd, Suite, Apt. #, etc.
 3. Mailing Address: 3421 SW Wacahoota Rd, Suite, Apt. #, etc.
 City & State: Micanopy, FL
 City & State: Micanopy, FL
 Zip: 32667, Country: US
 Zip: 32667, Country: US

4. FEI Number: 59-0672028
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RAMSEY JR, J P
RT 1 BOX 288
MICANOPY FL 32667

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: _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	RAMSEY JR, J P	NAME	
STREET ADDRESS	RT 1 BOX 288	STREET ADDRESS	
CITY-ST-ZIP	MICANOPY FL	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	RAMSEY J.P. III	NAME	
STREET ADDRESS	RT 1 BOX 288	STREET ADDRESS	
CITY-ST-ZIP	MICANOPY FL	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	RAMSEY CATHERINE	NAME	
STREET ADDRESS	RT 1 BOX 288	STREET ADDRESS	
CITY-ST-ZIP	MICANOPY FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: J.P. Ramsey, Jr. (J.P. Ramsey, Jr.) 1/10/00 352-3765710
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)