NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 17 AM 9:45

DOCUMENT # 755718

1. Entity Name

THE FARM FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

200014451602
03/21/03--01003--021 **131.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
222 W. Georgia Street	p. o. Box 11274
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State: Tallahassee FL
Zip: 32301 Country:	Zip: 32302 Country:

4. FEI Number: 59-2051328 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Marlow V. White

Street Address (P.O. Box Number is Not Acceptable): 222 W. Georgia Street

City: Tallahassee **FL** Zip Code: 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE C NAME STREET ADDRESS CITY-ST-ZIP	Lee, Robert F. 7504 Hosford Highway Quincy FL 32351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VC NAME STREET ADDRESS CITY-ST-ZIP	Martin, Michael V. 108 McCarty Hall U of F Gainesville FL 32611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	Fred H. Beshears U. S. Hwy 19 South Monticello FL 32344	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	Carl Box Loop 5700 S.W. 34th Street Gainesville FL 32608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	E. T. York Bldg 106 - Mowrey Road Gainesville FL 32611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	A. Eugene Lewis 222 W. Georgia Street Tallahassee FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: A. Eugene Lewis 3-17-03 850/425-5002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #