

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91361 046 ***150.00

DOCUMENT # H92545



1. Entity Name
UNCLE DONALD'S FARM, INC.

Principal Place of Business
**2713 GRIFFIN AVENUE
LADY LAKE FL 32159**

Mailing Address
**P.O. BOX 87
LADY LAKE FL 32158**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2617863**

Applied For
Not Applicable

Zip Country Zip Country

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

**MORRIS, JEANETTE E.
2713 GRIFFIN AVENUE
LADY LAKE FL 32159**

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. 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	<input type="checkbox"/> Delete
NAME	MORRIS, DONNA	
STREET ADDRESS	2713 GRIFFIN AVE	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MORRIS, JEANETTE E	
STREET ADDRESS	P.O. BOX 87, GRIFFIN AVE.	
CITY-ST-ZIP	LADY LAKE FL 32158	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MORRIS, ELIZABETH	
STREET ADDRESS	2713 GRIFFIN AVENUE	
CITY-ST-ZIP	LADY LAKE FL 32158	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MORRIS, WANDA	
STREET ADDRESS	2713 GRIFFIN AVE	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Signature Required* **Signature Required** **Jeanette E Morris** **4-23-03** **(352) 753-0882**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)