

DOCUMENT # N94000005381

1. Entity Name  
THE CHAMBERS FARM GATHERING COMMITTEE, INC.

FILED  
Jan 11, 2001 8:00 am  
Secretary of State

01-11-2001 90003 007 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
CHAMBERS FARM 17195 SE 249TH AVE  
22400 NE HWY 315 UMATILLA FL 32784  
FT. MCCOY FL 32134

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 59-3277638 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ACHORN, ROBERT E  
17195 SE 249TH AVE  
UMATILLA FL 32784

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

FILE NOW:  
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
T CHAMBERS, NORA 22400 NE HWY 315 FT MCCOY FL 32134	<input checked="" type="checkbox"/> Delete
TP ACHORN, ROBERT E 17195 SE 249TH AVE UMATILLA FL 32784	<input type="checkbox"/> Delete
D BROWN, AILE 22400 NE HWY 315 FT MCCOY FL 32134	<input type="checkbox"/> Delete
D YOUNG, LEE 17195 SE 249TH AVE UMOTILLE FL 32784	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature of Robert E Achorn Date 1-5-01 Daytime Phone # 352-669-4605

CR2E037 (10/00)