

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

Principal Place of Business
CHAMBERS FARM
22400 NE HWY 315
FT. MCCOY FL 32134

Mailing Address
17195 SE 249TH AVE
UMATILLA FL 32784



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
T	CHAMBERS, NORA	22400 NE HWY 315	FT MCCOY FL 32134	<input checked="" type="checkbox"/>
TP	ACHORN, ROBERT E	17195 SE 249TH AVE	UMATILLA FL 32784	<input type="checkbox"/>
D	BROWN, AILE	22400 NE HWY 315	FT MCCOY FL 32134	<input type="checkbox"/>
D	YOUNG, LEE	17195 SE 249TH AVE	UMATILLA FL 32784	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 Required TB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-5-01 Daytime Phone # 352-669-4605

CR2E037 (10/00)