

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 246545**

1. Entity Name

BURNHAM FARMS INC.**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90916 007 ***150.00

Principal Place of Business 2411 N.E. 54TH TRAIL OKEECHOBEE FL 34972 US	Mailing Address 2411 N.E. 54TH TRAIL OKEECHOBEE FL 34972 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-0921430	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****DOUGLAS BURNHAM
2411 N.E. 54TH TRAIL
OKEECHOBEE FL 34972****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, 2001 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNHAM, A.L. 419 SE 8TH AVE OKEECHOBEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BURNHAM, RANDY 419 SE 8TH AVE OKEECHOBEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNHAM, WANDA 419 SE 8TH AVE OKEECHOBEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BURNHAM, DOUGLAS 2411 N.E. 54TH TRAIL OKEECHOBEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Douglas Burnham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2001

Date

Daytime Phone #

CR2E034 (10/00)

0602757