

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 442109

1. Entity Name
NEWCHANCE FARM, INC.

FILED
Aug 11, 2002 8:00 am
Secretary of State

07-28-2002 90199 039 ***150.00
08-11-2002 90173 002 ***400.00

Principal Place of Business

1500 SE 59TH STREET
OCALA FL 34480
US

Mailing Address

1500 SE 59TH STREET
OCALA FL 34480
US

2. Principal Place of Business

2445 SE Hwy 42
Suite, Apt. #, etc.

3. Mailing Address

2445 SE Hwy 42
Suite, Apt. #, etc.

City & State

Summerfield, FL
Zip 34491 Country USA

City & State

Summerfield, FL
Zip 34491 Country USA

4. FEI Number

59-1593766

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAK (RONALD)
1500 SE 59TH STREET
OCALA FL 34480

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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	PD CHAK, RONALD H. 1500 SE 59TH STREET OCALA FL 34480	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CHAK, PHYLLIS 1500 SE 59TH STREET OCALA FL 34480	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHAK, ROGER 1500 SE 59TH STREET OCALA FL 34480	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald H. Chak

5/1/02

(35a)

598 8739

Daytime Phone

CR2034 (9/01)