2002 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # 442109

1. Entity Name
NEWCHANCE FARM, INC.

Principal Place of Business	Mailing Address
~~1500 SE 59TH STREET~~	~~1500 SE 59TH STREET~~
~~OCALA FL 34480~~	~~OCALA FL 34480~~
US	US

2. Principal Place of Business	3. Mailing Address
2445 SE Hwy 42	2445 SE Hwy 42
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Summerfield, FL	City & State: Summerfield, FL
Zip: 34491 Country: USA	Zip: 34491 Country: USA

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
CHAK (RONALD)	Name
1500 SE 59TH STREET	Street Address (P.O. Box Number is Not Acceptable)
OCALA FL 34480	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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHAK, RONALD H.	NAME	
STREET ADDRESS	~~1500 SE 59TH STREET~~ 2445 SE Hwy 42	STREET ADDRESS	
CITY-ST-ZIP	~~OCALA FL~~ Summerfield, FL 34491	CITY-ST-ZIP	
TITLE	STD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHAK, PHYLLIS	NAME	
STREET ADDRESS	~~1500 SE 59TH STREET~~ 1838 SE 59th St	STREET ADDRESS	
CITY-ST-ZIP	~~OCALA FL~~ Ocala, FL 34480	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHAK, ROGER	NAME	
STREET ADDRESS	~~1676 SE 59TH STREET~~ 9296 SW 27th Ave	STREET ADDRESS	
CITY-ST-ZIP	~~OCALA FL 34480~~ Ocala, FL 34476	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 OF OFFICER OR DIRECTOR — 5/1/02 Date — (352) 598-8739 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ronald H. Chak

CR2E034 (9/01)