

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90367 044 \*\*\*150.00

0826643 AT

**DOCUMENT # G63854**

1. Entity Name

**DOUGLAS FARMS CORP.**

Principal Place of Business

**FIRST MID-ILLINOIS BANK & TRUST  
 1515 CHARLESTON AVENUE  
 MATTOON IL 61938  
 US**

Mailing Address

**FIRST MID-ILLINOIS BANK & TRUST  
 1515 CHARLESTON AVENUE  
 MATTOON IL 61938  
 US**

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

**59-2344665**

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

**PHILLIPS, PHILIP B:  
 3728 PHILLIPS HWY #39  
 JACKSONVILLE FL 32207**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Delete  
 NAME: **DONNERSMARCK, W.H.**  
 STREET ADDRESS: **BEETHOVENSTRASSE 11**  
 CITY-ST-ZIP: **ZURICH, SWITZERLAND**

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

TITLE: ☐ Delete  
 NAME: **D. STAUDER, DR. CLAUD**  
 STREET ADDRESS: **STAUDERSTRASSE 88**  
 CITY-ST-ZIP: **WEST GERMANY**

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

TITLE: ☐ Delete  
 NAME: **PT PHILLIPS JR, PHILIP B**  
 STREET ADDRESS: **3728 PHILLIPS HWY #39**  
 CITY-ST-ZIP: **JACKSONVILLE, FL 00000**

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

TITLE: ☐ Delete  
 NAME: **S RICKS, ALEX J**  
 STREET ADDRESS: **255 NORTH LIBERTY STREET**  
 CITY-ST-ZIP: **JACKSONVILLE FL**

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

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
 NAME:  
 STREET ADDRESS:  
 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:

*Alex J Ricks* **Ricks**

3/20/02

904 3590221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)