

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90036 046 ***150.00

DOCUMENT # **H31548**

1. Entity Name
KATHERYN PENNINGTON FARMS, INC.



Principal Place of Business
**1906 N.W. 21ST STREET
GAINESVILLE FL 32605**

Mailing Address
**1906 N.W. 21ST STREET
GAINESVILLE FL 32605**

2. Principal Place of Business
14 Conway Ct.

3. Mailing Address
14 Conway Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Coast, FL

City & State
Palm Coast, FL

4. FEI Number **59-2465532**

Applied For
Not Applicable

Zip
32137

Country
Flagler

Zip
32137

Country
Flagler

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

**HOLBROOK, H. LEON
2301 INDEPENDENT SQUARE
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32202**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD DUBOIS, PATRICIA C.**
STREET ADDRESS **16249 45TH ROAD**
CITY-ST-ZIP **WELLBORN FL 32094**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD BOUCHELLE, KAY N.**
STREET ADDRESS **1906 N.W. 21ST ST.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD SANSBURY, BETTY J**
STREET ADDRESS **14 CONWAY COURT**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D CUMMINGS, KATHERYN E**
STREET ADDRESS **1249 BELVEDERE AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

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

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 607, 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
Betty J Sansbury
N. Sansbury

Date

(386)447-7872
Daytime Phone #

CR2E034 (10/02)