

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K09793

1. Entity Name

ACORN FARM, INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90768 033 ***150.00

Principal Place of Business

% CAROLYN R. RAINBOW
3700 NW 63RD ST
OCALA FL 34475
US

Mailing Address

% CAROLYN R. RAINBOW
3700 NW 63RD ST
OCALA FL 34475
US

2. Principal Place of Business

3560 NW 63rd Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2794

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

59-2872629

Applied For

Not Applicable

Zip

34475

Country

USA

Zip

34475

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAINBOW, CAROLYN R.
3700 NW 63RD ST
OCALA FL 34475

7. Name and Address of New Registered Agent

Name

Carolyn R. Rainbow

Street Address (P.O. Box Number is Not Acceptable)

3560 NW 63rd Street

City

Ocala

FL

Zip Code

34475

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

Carolyn R. Rainbow

Carolyn R. Rainbow

2/6/01

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, 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 D ☐ Delete
NAME ROGERS, SAMUEL H., JR
STREET ADDRESS 3700 NW 63RD ST
CITY-ST-ZIP Ocala FL

TITLE D ☐ Delete
NAME ROGERS, CAROLYN H.
STREET ADDRESS 3700 NW 63RD ST
CITY-ST-ZIP Ocala FL

TITLE D ☐ Delete
NAME RAINBOW, CAROLYN R.
STREET ADDRESS 3700 NW 63RD ST
CITY-ST-ZIP Ocala FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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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: Carolyn R. Rainbow Carolyn R. Rainbow 2/6/01 352-629-3193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)