## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K50088** Apr 19, 2001 8:00 am Secretary of State 1. Entity Name FAR AWAY FARM OF TALLAHASSEE, INC. 4-19-2001 90298 022 \*\*\*150.00 Principal Place of Business Mailing Address 1442 DENHOLM DR. 1442 DENHOLM DR. TALLAHASSEE FL 32312-2900 TALLAHASSEE FL 32312-2900 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2996537 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Same DEE, MARTHA LOU Street Address (P.O. Box Number is Not Acceptable) 1442 DENHOLM DR. TALLAHASSEE FL 32312-2900 Rosehill Dr. 8. The above named enjity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Addition ☐ Channe DAVIS, MARTHA LEA NAME NAMP 3115 FIELD STONE LANE STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition DEE, MARTHA LOU NAME NAME 1442 DENHOLM DR." STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32312-2900 CITY-ST-ZIP TITI F TITLE ☐ Delete Change ☐ Addition DAVIS, ALAN NAME NAME 959 CHAIRES CROSSROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIE TALLAHASSEE FL 32311 CITY-ST-ZIP IIIIE ☐ Delete TITLE Change ☐ Addition PIZZITOLA, SUZANNE NAME NAME STREET ADDRESS 312 ENGLISH CIRCLE STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35209** CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #