

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003153

1. Entity Name  
THE DUCHESS FUND, INC.

Principal Place of Business  
408 - 14TH STREET S.W.  
RUSKIN FL 33570

Mailing Address  
408 - 14TH STREET S.W.  
RUSKIN FL 33570

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3643018

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

BAKER, BARBARA  
408 - 14TH STREET S.W.  
RUSKIN FL 33570

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	BARBARA C. BAKER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		408-14 ST SW	
STREET ADDRESS		RUSKIN, FL 33570	
CITY-ST-ZIP			
TITLE	V/D	RUTH B. BLANEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1884 COUNTY ROUTE 43	
STREET ADDRESS		FT. EDWARD, NY 12828	
CITY-ST-ZIP			
TITLE	S/D	SUSAN D. ARMSTRONG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2464 WALTON RD	
STREET ADDRESS		RUSHLAND, PA 18956	
CITY-ST-ZIP			
TITLE	T/D	ROBERT G. BAKER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		408-14 ST SW	
STREET ADDRESS		RUSKIN, FL 33570	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E037 (10/00)

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 617, 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: BARBARA C. BAKER 1-3-2001 813-641-1278  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT  
Date Daytime Phone #