

9/17/01-90001-041-\$61.25-\$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006094

1. Entity Name

VISION FARMS RETREAT AND MEDITATION CENTER, INC.

Principal Place of Business

6631 MW 207 PLACE
MCINTOSH FL 32684

Mailing Address

P.O. BOX 154
MCINTOSH FL 32684-0154

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

59-3645469

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEYER, ARLENE
6631 NW 207 PLACE
MCINTOSH FL 32684

7. Name and Address of New Registered Agent

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, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PO
LANGLOIS, JOHN
P.O. BOX 238
MCINTOSH FL 32684

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MEYER, ARLENE
P.O. BOX 154
MCINTOSH FL 32684

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MEYER, CHRISTOPHER
P.O. BOX 154
MCINTOSH FL 32684

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01

Date

352-591-4751

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 27 AM 10:08

979010



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)