

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90241 033 \*\*\*\*\*61.25

0009823

**DOCUMENT # N50450**

1. Entity Name

**GLEANING THE FIELDS, INC.**

Principal Place of Business

P.O. BOX 2074  
 NEW SMYRNA BEACH FL 32170

Mailing Address

P.O. BOX 2074  
 NEW SMYRNA BEACH FL 32170

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3140452**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALEXANDER, RITA A.**  
**1107 ADAMS AVENUE**  
**NEW SMYRNA BEACH FL 32169**

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, 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: **VP** ☐ Delete  
 NAME: **SD ALEXANDER, RITA A.**  
 STREET ADDRESS: **1107 ADAMS AVENUE**  
 CITY-ST-ZIP: **NEW SMYRNA BEACH FL**

TITLE: **TD** ☐ Delete  
 NAME: **DONAHOO, RHONDA M.**  
 STREET ADDRESS: **3842 SANDSTONE COURT**  
 CITY-ST-ZIP: **NEW SMYRNA BEACH FL**

TITLE: **D** ☐ Delete  
 NAME: **FUQUAY, CAROL**  
 STREET ADDRESS: **1105 ADAMS AVE**  
 CITY-ST-ZIP: **NEW SMYRNA BEACH FL**

TITLE: **PD** ☐ Delete  
 NAME: **DULFER, JIM**  
 STREET ADDRESS: **516 MAGNOLIA STREET**  
 CITY-ST-ZIP: **NEW SMYRNA BEACH FL 32168**

TITLE: **D** ☐ Delete  
 NAME: **GUMTO, WAYNE**  
 STREET ADDRESS: **3842 SANDSTONE COURT**  
 CITY-ST-ZIP: **NEW SMYRNA BCH FL 32169**

TITLE: **D** ☐ Delete  
 NAME: **SHELLEY, JEFF**  
 STREET ADDRESS: **220 FLORIDA AVENUE**  
 CITY-ST-ZIP: **NEW SMYRNA BEACH FL 32169**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **TD** ☒ Change ☐ Addition  
 NAME: **Alexander, Rita A.**  
 STREET ADDRESS: **SAME**  
 CITY-ST-ZIP: **SAME**

TITLE: **SD** ☒ Change ☐ Addition  
 NAME: **Donahoo, Rhonda M.**  
 STREET ADDRESS: **SAME**  
 CITY-ST-ZIP: **SAME**

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

TITLE: **PD** ☒ Change ☐ Addition  
 NAME: **Dulfer, Jim**  
 STREET ADDRESS: **17 Noble Woods Way**  
 CITY-ST-ZIP: **Ormond Beach, FL 32174**

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

TITLE: **VP** ☒ Change ☐ Addition  
 NAME: **Shelley, Jeff**  
 STREET ADDRESS: **SAME**  
 CITY-ST-ZIP: **SAME**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

386-457-9420

Daytime Phone #

CR2E037 (10/00)



Attachments 827068

FEI # 59-3140452 #N50450

Additional Director :

Bruce Taildasian  
6238 ENGRAM ROAD  
New Smyrna Beach, FL 32169