

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90321 027 ***150.00

DOCUMENT # P00000036533

1. Entity Name

WINDSONG FARM, INC.

Principal Place of Business

**C/O JEFFERSON F. RIDDELL. P.A.
 3400 S. TAMiami TR.
 SARASOTA FL 34239**

Mailing Address

**C/O JEFFERSON F. RIDDELL. P.A.
 3400 S. TAMiami TR.
 SARASOTA FL 34239**

2. Principal Place of Business

112 Osprey Point Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Osprey, FL

City & State

Zip
34229

Country

Zip

Country

4. FEI Number
65-0998653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RIDDELL, JEFFERSON F
 3400 S. TAMiami TR.
 SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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's 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 NAME ☐ Delete

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DP ☐ Change ☒ Addition

NAME **Allen, Ronald G.**

STREET ADDRESS **112 Osprey Point Drive**

CITY-STATE-ZIP **Osprey, FL 34229**

DST ☐ Change ☒ Addition

NAME **Allen, Patricia**

STREET ADDRESS **112 Osprey Point Drive**

CITY-STATE-ZIP **Osprey, FL 34229**

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-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:

Ronald G. Allen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2001
 Date

Daytime Phone #

CR2E034 (10/00)