

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90485 014 \*\*\*150.00

**DOCUMENT # P01000096287**



**1. Entity Name**  
**OCALA TREE FARM, INC.**

**Principal Place of Business**  
**8903 W ANTHONY RD**  
**OCALA FL 34479**

**Mailing Address**  
**8903 W ANTHONY RD**  
**OCALA FL 34479**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 59-3743888**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**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**

**BATTISTI, TIFFENY A**  
**10709 S.W. 57TH TERRACE ROAD**  
**OCALA FL 34476**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DIR	BATTISTI, DAVID P	10709 S.W. 57TH TERRACE ROAD	OCALA FL 34476				
DIR	FIELDHOUSE, DALE W	2213 N.E. 36TH ST	OCALA FL 34479				
TRES	BATTISTI, TIFFENY A	10709 S.W. 57TH TERRACE ROAD	OCALA FL 34476				
PRES	FIELDHOUSE, WARREN W	8903 W. ANTHONY ROAD	OCALA FL 34479				
VP	FIELDHOUSE, JUDITH D	8903 W. ANTHONY ROAD	OCALA FL 34479				
SEC	BATTISTI, TIFFENY A	10709 S.W. 57TH TERRACE ROAD	OCALA FL 34476				

**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 607, 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

2/11/03 873-2186

Date

Daytime Phone #

CR2E034 (10/02)