

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90024 022 \*\*\*150.00

**DOCUMENT # P02000009452**

1. Entity Name  
**MCCALL FARMS, INC.**



Principal Place of Business  
**25421 NW 78TH AVE  
HIGH SPRINGS FL 32643**

Mailing Address  
**P.O. BOX 2349  
LAKE CITY FL 32056-2349**

2. Principal Place of Business  
**383 SW Owen McCall Drive**  
Suite, Apt. #, etc.

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

City & State  
**Mayo, FL**

City & State

4. FEI Number  
**01-0582590**

Applied For  
Not Applicable

Zip  
**32066**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**NORRIS, JOHN E  
201 N MARION ST STE 301  
LAKE CITY FL 32055**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**253 N.W. Main Boulevard**  
City **Lake City** **FL** Zip Code **32055**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **MCCALL, OWEN SR**  
STREET ADDRESS **RT 3 BOX 120**  
CITY-ST-ZIP **MAYO FL 32066**

TITLE **D** ☐ Delete  
NAME **MCCALL, OWEN C JR**  
STREET ADDRESS **25421 NW 78TH AVE**  
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **383 SW Owen McCall Drive**  
CITY-ST-ZIP **Mayo, FL 32066**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **1175 SW Brack-Abbott Road**  
CITY-ST-ZIP **Mayo, FL 32066**

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

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

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

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: *Owen McCall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-03**

Date

**386-294-1376**

Daytime Phone #

CR2E034 (10/02)