

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90108 027 \*\*\*150.00

**DOCUMENT # P02000114228**

1. Entity Name

**FALLING WATER FARMS, INC.**



Principal Place of Business

**3404-17TH STREET EAST  
PALMETTO FL 34221**

Mailing Address

**3404-17TH STREET EAST  
PALMETTO FL 34221**

2. Principal Place of Business

**26903 SR 64 East  
Suite, Apt. #, etc.**

3. Mailing Address

**26903 SR 64 East  
Suite, Apt. #, etc.**



☒ CHECK HERE IF MAKING CHANGES

City & State

**Myakka City, FL**

City & State

**Myakka City, FL**

4. FEI Number

**55-0805395**

Applied For

Not Applicable

Zip

**34251**

Country

**USA**

Zip

**34251**

Country

**USA**

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

**DOOLEY, WILLIAM A  
1432 FIRST STREET  
SARASOTA FL 34236**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FORRISTALL, STEPHEN P</b>	
STREET ADDRESS	<b>3404-17TH STREET EAST</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FORRISTALL, MARY C</b>	
STREET ADDRESS	<b>3404-17TH STREET EAST</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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:

**W. Forristall**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/03**  
DATE

**941 739**  
Daytime Phone #  
**8450**