

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29812

1. Entity Name

FREEDOM FROM HUNGER FOUNDATION, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90070 020 ****70.00

Principal Place of Business

Mailing Address

1644 DAVINCI CT
P.O. BOX 2000
DAVIS CA 95616
US

P. O. BOX 2000
DAVIS CA 95617-2000
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-1647835

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

DUNFORD, JAMES M.
5510 RIGEL COURT
ATLANTIC BEACH FL 32233-4581

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. DUNFORD, CHRISTOPHER 1644 DAVINCI COURT DAVIS CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHE, JEFFREY 1644 DAVINCI COURT DAVIS CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, PHILIP E 1644 DAVINCI COURT DAVIS CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOODHOUSE, THOMAS 1800 SAN ANTONIO BERKELEY CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VOR DER BRUEGGE, ELLEN 1644 DAVINCI COURT DAVIS CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCBURNIEY, THOMAS R 1710 INTERNATIONAL CENTER - 900 2ND AVE S MINNEAPOLIS MN 55402	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Weldon H. Wasson 1644 Davinci Ct. Davis, CA 95616	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Charles V. Moore 1644 Davinci Ct. Davis, CA 95616	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sheila C. Cheston 1644 Davinci Ct. Davis, CA 95616	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher
Dunford

3/ March 2000 (530) 758-6200

Date

Daytime Phone #