

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90217 044 ***150.00

DOCUMENT # P95000072894



1. Entity Name
WISPERING OAKS FARMS, INC.

Principal Place of Business
**13432 HIGHWAY 225
REDDICK FL 32686**

Mailing Address
**13432 HIGHWAY 225
REDDICK FL 32686**



2. Principal Place of Business

3. Mailing Address

13440 N.W. Highway 225 **13440 N.W. Hwy 225**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Reddick FL

Reddick FL

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **06-1436834**

Applied For

Not Applicable

Zip
32686

Country
Marion

Zip
32686

Country
Marion

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

**ACKERMAN, CATHERINE F
13432 HIGHWAY 225
REDDICK FL 32686**

Name

Ackerman Catherine

Street Address (P.O. Box Number is Not Acceptable)

13440 NW Highway 225

Reddick, FL

32686

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLARK, C. ROBERT
BOX 976
FAIRFIELD FL 32634** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Sharon J. Clark
Box 976
Fairfield FL 32634** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLARK, SHARON J
BOX 976
FAIRFIELD FL 32634** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 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: SHARON CLARK

4-10-03 352-591-1603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)