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2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am Secretary of State P99000110091 DOCUMENT # 1. Entity Name 02-13-2002 90231 036 ***150.00 THE GOOD EARTH FARM & FOUNDATION, INC. Principal Place of Business Mailing Address 2141 B ROAD 2141 B. OAD UTCCARRA LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 68-0969609 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL CABLES FL 33134 \$17 A. 38 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition TITLE ☐ Change TITLE ☐ Delete NAME FRIED, NANCY R NAME STREET ADDRESS 2141 B. ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. LOXAHATCHEE FL 33470 Change ☐ Addition TITLE Delete TITLE STATE SVD : NAME NAME . . . TOBIN, ALAN STREET ADDRESS STREET ADDRESS 2141 B. ROAD CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHEE FL 33470 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify, that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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