

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED 07-01-2002 90353 033 \*\*\*550.00  
P00000115585

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BULLGOWN

DOCUMENT # **P00000115585**  
1. Entity Name  
**HAPPY HILL FARM, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**660 COUNTY PARK RD**  
Suite, Apt. #, etc.

3. Mailing Address  
**660 COUNTY PARK RD.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**POTTSTOWN, PA.**

City & State  
**POTTSTOWN, PA**

4. FEI Number  
**65-1064224**  
Applied For  
Not Applicable

Zip  
**19465**

Country  
**U.S.**

Zip  
**19465**

Country  
**U.S.**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **PETER W. WETHERILL**  
Street Address (P.O. Box Number is Not Acceptable)  
**830 SOUTH COUNTY ROAD**  
City **PALM BEACH** FL Zip Code **33480**

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 file # applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR PETER W WETHERILL 830 SOUTH COUNTY ROAD PALM BEACH FL 33480</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT, SECRETARY, TREASURER PETER W. WETHERILL 830 SOUTH COUNTY RD. PALM BEACH FL 33480</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VICE-PRESIDENT JAMES SIMPLEN 800 SOUTH COUNTY ROAD PALM BEACH, FL 33480</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>J. ALLEN DOUGHERTY VICE PRESIDENT - ASST SECRETARY 6 THE GREEN WOODSTOCK, VT 05091</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ASSISTANT SECRETARY CARYOTA SNYDER 650 COUNTY PARK ROAD POTTSTOWN, PA 19465</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Allen Dougherty J. ALLEN DOUGHERTY 04/19/02 802-457-9910  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/01)