

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90064 043 ***150.00

DOCUMENT # 130870

1. Entity Name

HASTINGS AGRICULTURAL CREDIT CORPORATION

Principal Place of Business

Mailing Address

**N. BLVD & ASHLAND AVENUE
 P.O. BOX 758
 HASTING FL 32145**

**N. BLVD & ASHLAND AVENUE
 P.O. BOX 758
 HASTING FL 32145-0758**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6151226

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VALLANCE, MARY
 N BLVD & ASHLAND AVE
 HASTINGS FL 32045**

7. Name and Address of New Registered Agent

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

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

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: S VALLANCE, MARY L		NAME:	
STREET ADDRESS: 200 PARK AVE. NORTH		STREET ADDRESS:	
CITY-ST-ZIP: HASTINGS, FL 0		CITY-ST-ZIP:	
NAME: D METHVIN, SAMUEL W.		NAME:	
STREET ADDRESS: RT 1 BOX 92		STREET ADDRESS:	
CITY-ST-ZIP: EAST PALATKA, FL 0		CITY-ST-ZIP:	
NAME: D FLOYD, J B, JR		NAME:	
STREET ADDRESS: PO BOX 81 N/A		STREET ADDRESS:	
CITY-ST-ZIP: ELKTON, FL 0		CITY-ST-ZIP:	
NAME: VPT PACETTI, RICHARD A.		NAME:	
STREET ADDRESS: 5560 STATE ROAD 16		STREET ADDRESS:	
CITY-ST-ZIP: ST.AUGUSTINE FL		CITY-ST-ZIP:	
NAME: PD JOHNSTON, ALBERT		NAME:	
STREET ADDRESS: POB 251 N/A		STREET ADDRESS:	
CITY-ST-ZIP: BUNNELL, FL 00000		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary L Vallance* **Mary L Vallance, Sec** 04-22-00 904/692-1210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)