

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90007 030 ***550.00

DOCUMENT # F94000001668

1. Entity Name

WHITE SPRINGS AGRICULTURAL CHEMICALS, INC.

Principal Place of Business

**HIGHWAY 137
 WHITE SPRINGS FL 32096
 US**

Mailing Address

**3101 GLENWOOD AVENUE
 RALEIGH NC 27612
 US**

2. Principal Place of Business

3. Mailing Address

1101 Skokie Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

City & State

**City & State
 Northbrook, Illinois**

4. FEI Number

95-4471376

Applied For

Not Applicable

Zip

Country

Zip

Country

60062

U.S.A.

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

**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CHILDERS, CHARLES E. 122 1ST AVENUE SOUTH SASKATOON SK	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HAMPTON, JOHN L.M. 122 1ST AVE SOUTH SASKATOON SK	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HUMPHREYS, BARRY E. 122 1ST AVENUE SOUTH SASKATOON SK	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SAWYER, THOMAS HIGHWAY 157 WHITE SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS YOUNGER, T. CARLTON 3101 GLENWOOD AVENUE RALEIGH NC	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, THOMAS J. 3101 GLENWOOD AVE RALEIGH NC 27612	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD William J. Doyle 1101 Skokie Blvd. Suite 400 Northbrook, IL 60062	<input type="checkbox"/> Change <input checked="" 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	VTD Wayne R. Brownlee 122 1st Ave. S Suite 500 Saskatoon SK S7K 7G3	<input type="checkbox"/> Change <input checked="" 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	AS Joseph Podwika 1101 Skokie Blvd. Suite 400 Northbrook, IL 60062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thomas J. Regan, Jr. 1101 Skokie Blvd. Suite 400 Northbrook, IL 60062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

JOSEPH PODWIKA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(847) 849-4200
 Daytime Phone #

CR2E034 (5/00)