# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Aug 06, 2001 8:00 am**
**Secretary of State**
08-06-2001 90074 025 ****61.25

DOCUMENT # N00000004756

1. Entity Name

FRIENDS OF AGRICULTURAL EXTENTION FOUNDATION, IN

| Principal Place of Business | Mailing Address |
|---|---|
| 10 MCMILLAN ST.<br>ST. AUGUSTINE FL 32084 | 10 MCMILLAN ST.<br>ST. AUGUSTINE FL 32084 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3125 Ag. Center Drive | 3125 Ag. Center Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: St. Augustine, Fl | City & State: St. Augustine, Fl |
| Zip: 32092 Country: USA | Zip: 32092 Country: USA |

4. FEI Number ☒ Applied For ☐ Not Applicable

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 |
|---|---|
| WOLFE, CLYDE E<br>10 MCMILLAN ST.<br>ST. AUGUSTINE FL 32084 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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

**FILE NOW: FEE IS $61.25**
**After September 12, 2001, min. will be $236.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KLIPSTINE, EDWIN<br>5055 CLYMEL RD.<br>ELKTON FL 32033 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>5055 Clymer Rd. |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>PHILLIPS, FLOYD<br>625 CR 13 SOUTH<br>ST. AUGUSTINE FL 32092 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SMITH, JEANETTE<br>826 A1A BEACH BLVD., #46<br>ST. AUGUSTINE FL 32084 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>COOKSEY, JEANNETTE<br>1600 WOODLAND RD.<br>ST. AUGUSTINE FL 32095 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROSS, DIANE<br>3975 S. FRANCIS RD.<br>ST. AUGUSTINE FL 32085 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (5/01)

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 617, 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 REQUIRED Edwin Klipstine 7-31-01 904-692-1221