

DOCUMENT # P97000038523

AGRIFLEET LEASING CORPORATION

100 THORNHILL RD
AUBURNDAL FL 33823
US

100 THORNHILL RD
AUBURNDALE FL 33823-3938
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

4. FEI Number **59-3442383**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HADLOW, RICHARD B
220 FRANKLIN ST.
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name Robert R. Swander

Street Address (P.O. Box Number is Not Acceptable)

City	Tampa	FL	Zip Code	33823
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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) (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

TITLE	PDT	☐ Delete
NAME	SWANDER, ROBERT R	
STREET ADDRESS	6344 MACLAURIN DR	
CITY-ST-ZIP	TAMPA FL 33647	

TITLE	VS	☐ Delete
NAME	SWANDER, DARREN	
STREET ADDRESS	1315 S STARRY NIGHT ST	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	

TITLE	V.	☐ Delete
NAME	BRUMBACH, JOEL J	
STREET ADDRESS	100 THORNHILL RD	
CITY-ST-ZIP	AUBURNDALE FL 33823	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00
Date

863-967-0600

Daytime Phone #

100/01 PLUFCB