

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90248 032 ***150.00

DOCUMENT # P98000102507

1. Entity Name
NYALA FARMS, INC.

| | |
|--|---|
| Principal Place of Business 1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE FL 32308 | Mailing Address 1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE FL 32308-7707 |
|--|---|

835619



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business Suite, Apt. #, etc City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
|---|--|

| | | |
|---|---|--|
| 4. FEI Number 59-3545980 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

6. Name and Address of Current Registered Agent
**TODD, DAVID E
 1801 HERMITAGE BLVD
 SUITE 100
 TALLAHASSEE FL 32308**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D | <input type="checkbox"/> Delete |
| NAME BENNETT, DOUGLAS W | |
| STREET ADDRESS 1801 HERMITAGE BLVD SUITE 600 | |
| CITY-ST-ZIP TALLAHASSEE FL 32308 | |
| TITLE DVAS | <input type="checkbox"/> Delete |
| NAME HORTON, JAMES W | |
| STREET ADDRESS 1801 HERMITAGE BLVD SUITE 600 | |
| CITY-ST-ZIP TALLAHASSEE FL 32308 | |
| TITLE D | <input checked="" type="checkbox"/> Delete |
| NAME SMITH, JEFFREY L | |
| STREET ADDRESS 1801 HERMITAGE BLVD SUITE 600 | |
| CITY-ST-ZIP TALLAHASSEE FL 32308 | |
| TITLE VAT | <input checked="" type="checkbox"/> Delete |
| NAME GOOD, LUANNE K | |
| STREET ADDRESS 1801 HERMITAGE BLVD SUITE 600 | |
| CITY-ST-ZIP TALLAHASSEE FL 32308 | |
| TITLE P | <input type="checkbox"/> Delete |
| NAME GROSSMAN, CHARLES | |
| STREET ADDRESS 335 MADISON AVE. | |
| CITY-ST-ZIP NEW YORK NY 10017 | |
| TITLE VSAT | <input checked="" type="checkbox"/> Delete |
| NAME WELD, MARK M | |
| STREET ADDRESS 335 MADISON AVE. | |
| CITY-ST-ZIP NEW YORK NY 10017 | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE VT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Bruce G. Morrison | |
| STREET ADDRESS 335 Madison Avenue | |
| CITY-ST-ZIP New York, NY 10017 | |
| TITLE VS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Mark M. Weld | |
| STREET ADDRESS 335 Madison Avenue | |
| CITY-ST-ZIP New York, NY 10017 | |
| TITLE DVAT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Lynne Quick | |
| STREET ADDRESS 1801 Hermitage Blvd., #600 | |
| CITY-ST-ZIP Tallahassee, FL 32308 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: Douglas W. Bennett Date: 4/16/00 Daytime Phone #: 850/488-4406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)