

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
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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
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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 _____ (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 D	<input type="checkbox"/> Delete
NAME BENNETT, DOUGLAS W	
STREET ADDRESS 1801 HERMITAGE BLVD SUITE 600	
CITY-ST-ZIP TALLAHASSEE FL 32308	
TITLE D	<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

CR2E034 (9/99)