2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N9600001605** Apr 18, 2000 8:00 am Entity Name Secretary of State SUNSHINE AGRICULTURE INCORPORATED 04-18-2000 90248 015 ****61.25 Principal Place of Business Mailing Address 1801 HERMITAGE BLVD., SUITE 600 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE FL 32308-7707 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3375053 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TODD, DAVID E 1801 HERMITAGE BLVD. STE. 100 City Zip Code TALLAHASSEE FL 32308 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. \Box Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. DVAT ☐ Change X Addition TITLE TITLE ☐ Delete Lynne Quick NAME NAME BENNETT, DOUGLAS W STREET ADDRESS STREET ADDRESS 1801 Hermitage Blvd., #600 1801 HERMITAGE BLVD., SUITE 600 CITY-ST-ZIP CITY-ST-ZIP Tallahassee, FL 32308 TALLAHASSEE FL 32308 DVAS X Change ☐ Addition X Delete TITLE TITLE D NAME NAME smith, Jeffrey L James W. Horton STREET ADDRESS STREET ADDRESS 1801 Hermitage Blvd., #600 1801 HERMITAGE BLVD., SUITE 600 CITY-ST-ZIP CITY-ST-ZIP ... Tallahassee, FL-32308--TALLAHASSEE FL 32308 X Addition Τ Change TITLE X Delete TITLE NAME HORTON, JAMES W Reed Arrott, Jr. NAME STREET ADDRESS STREET ADDRESS 1801 HERMITAGE BLVD., SUITE 600 801 Warrenville Rd., Suite 600 CITY-ST-ZIP CITY-ST-ZIP Lisle, IL TALLAHASSEE FL 32308 Change ☐ Addition ☐ Delete TITLE TITLE NAME MENEELY, JOHN H NAME STREET ADDRESS STREET ADDRESS 801 WARRENVILLE RD., STE. 600 CITY-ST-ZIP CITY-ST-7IP lisle il ☐ Change ☐ Addition ☐ Delete TITLE NAME GOULD, MELVIN L STREET ADDRESS STREET ADDRESS 801 WARRENVILLE RD., STE. 600 CITY-ST-ZIP CITY-ST-ZIP Lisle il ☐ Change Addition ☐ Delete TITLE TARNOW, WILLIAM M NAME NAME STREET ADDRESS STREET ADDRESS 801 WARRENVILLE RD., STE. 600 CITY-ST-ZIP CITY-ST-ZIP

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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

URF RFQQDDouglas W. Bennett, Director

850/488-4406

Daytime Phone #