# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 27, 2003 8:00 am**
**Secretary of State**
01-27-2003 90248 046 ****61.25

DOCUMENT # N96000001605

1. Entity Name

SUNSHINE AGRICULTURE INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 1801 HERMITAGE BLVD.. SUITE 600<br>TALLAHASSEE FL 32308 | 1801 HERMITAGE BLVD.. SUITE 600<br>TALLAHASSEE FL 32308 |

☐ CHECK HERE IF MAKING CHANGES

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

4. FEI Number 59-3375053 ☐ 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 |
|---|---|
| TODD, DAVID E<br>1801 HERMITAGE BLVD.<br>STE. 100<br>TALLAHASSEE FL 32308 | 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. I am familiar with, and accept the obligations of registered agent.

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**

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

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BENNETT, DOUGLAS W<br>1801 HERMITAGE BLVD., SUITE 600<br>TALLAHASSEE FL 32308 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVAS<br>SMITH, JEFF<br>1801 HERMITAGE BLVD., SUITE 600<br>TALLAHASSEE FL 32308 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | OVAT<br>GRAY, LYNNE M<br>1801 HERMITAGE BLVD., SUITE 600<br>TALLAHASSEE FL 32308 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MENEELY, JOHN H<br>801 WARRENVILLE RD., STE. 600<br>LISLE IL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VS<br>MCDONALD, JACK<br>801 WARRENVILLE RD., STE. 600<br>LISLE IL 60532 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MCDONALD, JACK<br>2200 ROSS AVE<br>DALLAS, TX 75201<br>☒ Change ☒ Addition ADDRESS ONLY |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>ALLISON, CHARLES<br>801 WARRENVILLE RD., STE. 600<br>LISLE IL 60532 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/02)

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 JOHN H. MENEELY 1-22-03 630 829-1700