2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 191484 1. Entity Name U S AGRICULTURAL EXPORT CORPORATION							•. (à		
Principal Place of Business Mailing Address							OD JAN	24 PM	2: 25	5
1991 74 AVE P.O. BOX 69019 VERO BEACH F	52		1991 74 AVE P.O. BOX 690152 VERO BEACH FL 32969-0152 US				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal F	Place of Business		3. Mailing Address			_				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE	EIN THIS SPA	CE	
City & State			City & State			4.	FEI Number 59-6082146			oplied For
Zip	Zip Country		Zip Coun		ntry	5.	Certificate of Status Desired		.75 Add	
	6. Name and Add	ress of Current F	Registered Agent	·		7.	Name and Address of New Re	gistered Age	nt	
KENI 1991 VERO	س _{يد} . حنو _ي وده	رین در در در در دور	અહેં <u>ુ</u> ે			Box Number is Not Acceptable)				
					City			FL	Zip Code	э —
8. The above	named entity submits	this statement for	the purpose of changing its	register	ed office or regis	stered a	gent, or both, in the State of Flori	da.		
SIGNATURE .	Signature, typed or printed na	me of registered agent a	nd title if applicable. (NOT	E: Registere	ed Agent signature requ	uired 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!!! After MAY 1, 2000 Make Check Payable					will be \$550.0		10. Election Campaign Final Trust Fund Contribution.		\$5.0 Added	O May Be to Fees
11.		OFFICERS AND D	DIRECTORS	12,		А	DDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTORS	3 IN 11
TITLE NAME	P Luther, John M		☐ Delete	TITL			4000031		Change	
STREET ADDRESS	555 SOUTH AIA				EET ADDRESS		-01/25/0			
CITY-ST-ZIP	VERO BCH FL 329	963		~	-ST-ZIP		<u>***</u> *38		<u> </u>	
TITLE NAME STREET ADDRESS	MCCRANIE, JAME 1049 POITRAS DE		☐ Delete	NAM					Change	<u> </u>
CITY-ST-ZIP	VERO BEACH FL	<u> </u>			-ST-ZIP					
TITLE NAME	CEO MCEVOY, BRUCE	E	☐ Delete	TITL] Change	<u> </u>
STREET ADDRESS	1991 74TH AVE. «Vero:Beach fl	99066≈=====			ET ADORESS					
TITLE	S	J2300 : 5	□ Delete	TITL			Contract Contraction		Change	
NAME	SANDERS, CHARL	ES M., JR.		NAM				_		
STREET ADDRESS CITY-ST-ZIP	1485 50 CT VERO BCH FL				ET ADDRESS -ST-ZIP					
TITLE	T		☐ Delete	TITLE					Change	 Addition
NAME	BAER, KENNETH A 3565 LUCIA DR	A		NAM						
STAEET ADDRESS (CITY-ST-ZIP	VERO BCH FL 329	967			ET ADDRESS -ST-ZIP					
TITLE			☐ Defete	TITLE	<u> </u>		•		Change	☐ Addition
NAME STREET ADDRESS				NAM	E Et address		TC			
CITY-ST-ZIP	<u></u>				-ST-ZIP		: (: 0			
indicated of the cor	on this report or suppl poration or the receive	emental report is a r or trustee empor	true and accurate and that r	ny signa as requi	ture shall have th	ne same	n 119.07(3)(i), Florida Statutes. I fi legal effect as if made under oa rida Statutes; and that my name a	th: that I am a	an officer (or director
SIGNAT		JRE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER	OA DIRECT	FO OR	4	/11 / 2000 561		224 ne Phone #	<u>44</u> _