

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 357761**

1. Entity Name

KILGORE SEED COMPANY**FILED**
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90265 042 ***150.00

Principal Place of Business

Mailing Address

**352 TANGERINE ST
ALTAMONTE SPRINGS FL 32701****P O BOX 161527
ALTAMONTE SPRINGS FL 32716-1527**

2. Principal Place of Business

Route 30, Box 1151

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 2082

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake City, FL

City & State

Lake City, FL

4. FEI Number

59-1417160

Applied For

Not Applicable

Zip

32055

Country

Zip

32056

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HUNZIKER, J HAROLD**352 TANGERINE ST****ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

Name

Hunziker, J. Harold

Street Address (P.O. Box Number is Not Acceptable)

Route 30, Box 1151

City

Lake City, FL**FL**Zip Code
32055

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)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HUNZIKER, J HAROLD 352 TANGERINE ST. ALTAMONTE SPGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERRON, LYDIA H 5310 HAWFORD CIRCLE ORLANDO FL 32812	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUNZIKER, PATRICIA 352 TANGERINE ST. ALTAMONTE SPGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Route 30, Box 1151 Lake City, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Route 30, Box 1151 Lake City, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**J. Harold Hunziker 4/23/02 386-752-8504**

Date

Daytime Phone #

CR2E034 (9/01)