

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 588455

1. Entity Name

SIMAGRO, INCORPORATED

FILED

Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90040 011 \*\*\*150.00

Principal Place of Business

Mailing Address

5021 BARRINGTON CIR  
SARASOTA FL 34234-3882  
US

5021 BARRINGTON CIR  
SARASOTA FL 34234-3882  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Apt 13 207 S Lake Silver

City & State Winter Haven FL

Zip 33881 Country Polk

Suite, Apt. #, etc.

Apt 13 207 S Lake Silver Dr

City & State Winter Haven FL

Zip 33881 Country Polk



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1852552

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

SILVER, LINDA S

5021 BARRINGTON CIR  
SARASOTA FL 34234

Name

Simanton, William A Jr

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

Apt 13 207 S Lake Silver Dr

City

Winter Haven

FL

Zip Code

33881

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 William A Simanton Jr 4/7/00  
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SIMANTON, ROSEMARY F	
STREET ADDRESS	1225 HAVENDALE BLVD #228	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SIMANTON, DONALD F	
STREET ADDRESS	6 MEMORY LANE	
CITY-ST-ZIP	SEABROOK TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVER, LINDA	
STREET ADDRESS	5021 BARRINGTON CIRCLE	
CITY-ST-ZIP	SARASOTA FL 82	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Silver, Linda	
STREET ADDRESS	930 Crescent Dr.	
CITY-ST-ZIP	BARTOW CA 92311-5751	
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		
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: Donald F Simanton 3-10-00 335-5523  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)