

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State
 03-07-2000 90005 035 ***150.00

DOCUMENT # 688299

1. Entity Name

SCI-AGRA, INC.

Principal Place of Business

Mailing Address

**101 SOUTHEAST 7TH STREET. NORTH
 BELLE GLADE FL 33430**

**101 SOUTHEAST 7TH STREET. NORTH
 BELLE GLADE FL 33430-3119**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GANN, JAMES M. (ATTORNEY AT LAW)
 257 S.E. AVENUE E
 BELLE GLADE FL 33430**

Name

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

City

FL

Zip Code

4. FEI Number

59-2076162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

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, 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	P	<input type="checkbox"/> Delete
NAME	ORSENIGO, JOSEPH R.	
STREET ADDRESS	101 S.E. 7TH ST. NO.	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ORSENIGO, MARY B.	
STREET ADDRESS	101 S.E. 7TH ST. NO.	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
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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 *Joseph R. Orsenigo* **JOSEPH R. ORSENIGO** 15 FEB 2000 996-7094
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)