

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706921

1. Entity Name

FLORIDA INTERNATIONAL AGRICULTURAL TRADE COUNCIL

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90025 032 ****61.25

Principal Place of Business

Mailing Address

% SUNTRUST BANK
210 N.E. 2ND STREET
OCALA FL 34470
US

% SUNTRUST BANK
210 N.E. 2ND STREET
OCALA FL 34470-5854
US

2. Principal Place of Business

3. Mailing Address

% Community Bank of MC
Suite, Apt. #, etc.
6998 N. Hwy 27 Suite 110

% Community Bank of MC
Suite, Apt. #, etc.
P.O. Box 1570

City & State
Ocala, FL

City & State
Ocala, FL

Zip
34482

Country
US

Zip
34478

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6213580

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

CANTRELL, BECKIE K
% SUNTRUST BANK
210 N.E. 2ND STREET
OCALA FL 34470

Name Beckie K. Cantrell
Street Address (P.O. Box Number is Not Acceptable)
% Community Bank of Marion County
6998 N. Hwy 27 Suite 110
City Ocala FL Zip Code 34482

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 *Beckie K Cantrell*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	DAILEY, HUGH	
STREET ADDRESS	P.O. BOX 310 N/A	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BALDWIN, LEROY	
STREET ADDRESS	3660 NW 56TH STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OELFHE, WALTER	
STREET ADDRESS	RT. 1, SPRING RIDGE, 438 MOORE STREET	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARAJON, ROBERTO E.	
STREET ADDRESS	1201 SOUTH OCEAN DRIVE, APT. 26-5	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CANTRELL, BECKIE K	
STREET ADDRESS	P.O. BOX 310	
CITY-ST-ZIP	OCALA FL 34470	
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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Beckie K Cantrell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2000 369-1000

Date

Daytime Phone #

CR2E037 (9/99)