

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706921

1. Entity Name

FLORIDA INTERNATIONAL AGRICULTURAL TRADE COUNCIL

Principal Place of Business

% SUNTRUST BANK
6998 N HWY 27 STE 110
OCALA FL 34482
US

Mailing Address

% SUNTRUST BANK
PO BOX 1570
OCALA FL 34478
US

2. Principal Place of Business

Community Bank of Marion County
Suite, Apt. #, etc.
6850 N. U.S. Hwy 27

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Zip

34482

Country

US

Country

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

CANTRELL, BECKIE K
% COMMUNITY BANK OF MARION CNTY
6998 N HWY 27 STE 110
OCALA FL 34482

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE SD
NAME DAILEY, HUGH
STREET ADDRESS P.O. BOX 310 N/A
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE PD
NAME BALDWIN, LEROY
STREET ADDRESS 3660 NW 56TH STREET
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE VD
NAME OELFHE, WALTER
STREET ADDRESS RT. 1, SPRING RIDGE, 438 MOORE STREET
CITY-ST-ZIP HIGH SPRINGS FL ☐ Delete

TITLE VD
NAME PARAJON, ROBERTO E.
STREET ADDRESS 1201 SOUTH OCEAN DRIVE, APT. 26-5
CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

TITLE T
NAME CANTRELL, BECKIE K
STREET ADDRESS P.O. BOX 310
CITY-ST-ZIP Ocala FL 34470 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90054 021 ****61.25

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DO NOT WRITE IN THIS SPACE

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