2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715797

1. Entity Name

UNITED BRAFORD BREEDERS INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90039 029 ****70.00

Principal Place of Business	Mailing Address
422 E. MAIN ST SUITE 218 NACOGDOCHES TX 75961	422 E. MAIN ST SUITE 218 NACOGDOCHES TX 75961-5261

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2412142 ☐ 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
KOBLEGARD, R N 401-A S. INDIAN RIVER DR FORT PIERCE FL 34950	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBINSON, JEFF 1289 CROOKED CREEK RD MARS HILL NC 28754	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rip Storey 4335 NE 301 Blvd Okeechobee, FL 34972	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILLS, ROBERT RR 1 BOX 1406 ATHENS TX 75751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Johnie Broussard 10027 LA Hwy 695 Kaplan, LA 70548	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GRANTHAM, H.V. 1925 LAKESIDE DR ORLANDO FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ronald Brown RR 1 Box 53 McLean, TX 79057	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARVEY, JIM W DR 2949 HWY 70 WEST OKEECHOBEE FL 34972	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Leonard Broussard 8609 Mier Rd. Gueydan, LA 70542	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIDYETTE, PAYNE H 204 MAGNOLIA DR TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dr. Grady Ellis RR 4 Box 4438 Palestine, TX 75801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, GAYLE 1951 HORSHOE ROAD CONNELL WA 99326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Jeff Robinson - President SIGNATURE REQUIRED 4/10/2000 828 23. 3995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #