

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719890

1. Entity Name

AGRIBUSINESS INSTITUTE OF FLORIDA, INC.

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

03-27-2000 90068 022 ****61.25

Principal Place of Business	Mailing Address
5700 S.W. 34TH STREET GAINESVILLE FL 32608 US	C/O ROAD HEMPHILL P.O. BOX 147030 GAINESVILLE FL 32814 US



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	<i>Rod Hemphill (correct spelling)</i>
City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1381461	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEMPHILL, ROD 5700 SW 34TH ST GAINESVILLE FL 32608	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																																																																																																																																				
<table border="1"> <tr> <td>TITLE</td> <td>SD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BEST, ERIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 2631</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANT CITY FL 34289</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, CHUCK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4508 OAK FAIR BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA-FL 32611</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>POUCHER, DON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>UF 1021 MCCARTY HALL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BACKMAN, LISA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 89</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND FL 33802</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOTT, MERRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1533 PARK CENDER DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32835</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HEMPHILL, ROD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5700 SW 34TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE FL</td> <td></td> </tr> </table>	TITLE	SD	<input type="checkbox"/> Delete	NAME	BEST, ERIN		STREET ADDRESS	P.O. BOX 2631		CITY-ST-ZIP	PLANT CITY FL 34289		TITLE	D	<input type="checkbox"/> Delete	NAME	SMITH, CHUCK		STREET ADDRESS	4508 OAK FAIR BLVD		CITY-ST-ZIP	TAMPA-FL 32611		TITLE	TD	<input type="checkbox"/> Delete	NAME	POUCHER, DON		STREET ADDRESS	UF 1021 MCCARTY HALL		CITY-ST-ZIP	GAINESVILLE FL		TITLE	D	<input type="checkbox"/> Delete	NAME	BACKMAN, LISA		STREET ADDRESS	P.O. BOX 89		CITY-ST-ZIP	LAKELAND FL 33802		TITLE	SD	<input type="checkbox"/> Delete	NAME	MOTT, MERRY		STREET ADDRESS	1533 PARK CENDER DR.		CITY-ST-ZIP	ORLANDO FL 32835		TITLE	D	<input type="checkbox"/> Delete	NAME	HEMPHILL, ROD		STREET ADDRESS	5700 SW 34TH ST		CITY-ST-ZIP	GAINESVILLE FL		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>Vice President</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>President</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>President R/R 3/6/00</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	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	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	President R/R 3/6/00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete																																																																																																																																			
NAME	BEST, ERIN																																																																																																																																				
STREET ADDRESS	P.O. BOX 2631																																																																																																																																				
CITY-ST-ZIP	PLANT CITY FL 34289																																																																																																																																				
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																			
NAME	SMITH, CHUCK																																																																																																																																				
STREET ADDRESS	4508 OAK FAIR BLVD																																																																																																																																				
CITY-ST-ZIP	TAMPA-FL 32611																																																																																																																																				
TITLE	TD	<input type="checkbox"/> Delete																																																																																																																																			
NAME	POUCHER, DON																																																																																																																																				
STREET ADDRESS	UF 1021 MCCARTY HALL																																																																																																																																				
CITY-ST-ZIP	GAINESVILLE FL																																																																																																																																				
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																			
NAME	BACKMAN, LISA																																																																																																																																				
STREET ADDRESS	P.O. BOX 89																																																																																																																																				
CITY-ST-ZIP	LAKELAND FL 33802																																																																																																																																				
TITLE	SD	<input type="checkbox"/> Delete																																																																																																																																			
NAME	MOTT, MERRY																																																																																																																																				
STREET ADDRESS	1533 PARK CENDER DR.																																																																																																																																				
CITY-ST-ZIP	ORLANDO FL 32835																																																																																																																																				
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																			
NAME	HEMPHILL, ROD																																																																																																																																				
STREET ADDRESS	5700 SW 34TH ST																																																																																																																																				
CITY-ST-ZIP	GAINESVILLE FL																																																																																																																																				
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	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE	President R/R 3/6/00	<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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)