

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719890

1. Entity Name

AGRIBUSINESS INSTITUTE OF FLORIDA, INC.

Principal Place of Business

5700 S.W. 34TH STREET
GAINESVILLE FL 32608
US

Mailing Address

Agriculture
AGRICULTURE INSTITUTE
PO BOX 140157
GAINESVILLE FL 32614
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90085 021 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1381461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEMPHILL, ROD
5700 SW 34TH ST
GAINESVILLE FL 32608

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

Rod K. Hemphill

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/02

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 ☐ Delete
NAME PACE, CASEY
STREET ADDRESS PO BOX 89
CITY-ST-ZIP LAKELAND FL 33802

TITLE D ☐ Delete
NAME SMITH, CHUCK
STREET ADDRESS 4508 OAK FAIR BLVD
CITY-ST-ZIP TAMPA FL 32611

TITLE TD ☐ Delete
NAME POUCHER, DON
STREET ADDRESS UF 6031 MCCARTY HALL- PO BOX 110135
CITY-ST-ZIP GAINESVILLE FL 32611-0135

TITLE VP ☐ Delete
NAME HOWARD, SUSAN
STREET ADDRESS PO BOX 620257
CITY-ST-ZIP OVIEDO FL 32762-0257

TITLE P ☐ Delete
NAME BACKMAN, LISA
STREET ADDRESS 1715 HIGHWAY 17 SOUTH
CITY-ST-ZIP BARTOW FL 33830

TITLE D ☐ Delete
NAME HEMPHILL, ROD
STREET ADDRESS 5700 SW 34TH ST
CITY-ST-ZIP GAINESVILLE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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TITLE ☐ Change ☐ 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 life empowered.

SIGNATURE:

Donna W. Pouch
DONNA W. POUCH

Date

Daytime Phone #

2/18/02 352392-0437

CR2E037 (9/01)