

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90193 030 ****61.25

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 INSTITUTE
PO BOX 140157
GAINESVILLE FL 32614
US**

90010462



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1381461**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **PAGE, CASEY**
STREET ADDRESS **PO BOX 89**
CITY-ST-ZIP **LAKE LAND FL 33802**

TITLE **VP** ☒ Change ☐ Addition
NAME **PAGE, CASEY**
STREET ADDRESS **P.O. Box 89**
CITY-ST-ZIP **Lake land, FL 33802**

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

TITLE **SD** ☐ Change ☒ Addition
NAME **Didreya Allison**
STREET ADDRESS **1166 Lookout Place, Suite 100**
CITY-ST-ZIP **Martland, FL 32751-4496**

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

TITLE **D** ☐ Change ☒ Addition
NAME **GILMER, RAY**
STREET ADDRESS **P.O. Box 140155**
CITY-ST-ZIP **Orlando, FL 32803**

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

TITLE **P** ☒ Change ☐ Addition
NAME **HOWARD, SUSAN**
STREET ADDRESS **P.O. 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 like empowered.

SIGNATURE: *Rod Hemphill*

SIGNATURE REQUIRED

1/10/03

352-374-1516

CR2E037 (10/02)