

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725312

1. Entity Name

FLORIDA SEED ASSOCIATION, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90020 045 \*\*\*\*61.25

Principal Place of Business 3913 HWY. 71 P.O. BOX 39 GREENWOOD FL 32443	Mailing Address 3913 HWY. 71 P.O. BOX 39 GREENWOOD FL 32443-0039
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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

4. FEI Number <b>59-1618977</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**OSWALD, JACK**  
**3913 HWY. 71**  
**GREENWOOD FL 32443**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 VP	<input type="checkbox"/> Delete
NAME SEE, RICHARD	
STREET ADDRESS 13690 SW 248TH ST	
CITY-ST-ZIP PRINCETON FL 33032	
TITLE PD	<input type="checkbox"/> Delete
NAME SEATON, STEVE	
STREET ADDRESS P.O. BOX 616766	
CITY-ST-ZIP ORLANDO FL 32861	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME ADAMS, HOWARD	
STREET ADDRESS P.O. BOX 1118 N/A	
CITY-ST-ZIP LEHIGH FL 33970-1118	
TITLE STD	<input type="checkbox"/> Delete
NAME OSWALD, JACK	
STREET ADDRESS P.O. BOX 39 N/A	
CITY-ST-ZIP GREENWOOD FL 32443	
TITLE VD	<input type="checkbox"/> Delete
NAME SAWYER, PAUL	
STREET ADDRESS 6331 EMERALD BAY CT.	
CITY-ST-ZIP FT. MYERS FL 33908-5080	
TITLE D	<input type="checkbox"/> Delete
NAME DOUGLASS, RODNEY	
STREET ADDRESS RT. 10, BOX 526J	
CITY-ST-ZIP LAKE CITY FL 32025	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <i>2nd Vice President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <i>John PAYNE</i>	
STREET ADDRESS <i>9410 Payne Road</i>	
CITY-ST-ZIP <i>Sebring, FL 33872</i>	
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	<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: *Jack Oswald* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-11-2000 850-594-4721*  
Date Daytime Phone #

CR2E037 (9/99)