

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90085 024 ****61.25

DOCUMENT # 725312

1. Entity Name

FLORIDA SEED ASSOCIATION, INC.

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**

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

59-1618977

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**



DO NOT WRITE IN THIS SPACE

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 _____

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	P SEE, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	13690 SW 248TH ST PRINCETON FL 33032	
TITLE NAME	VP PAYNE, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9410 PAYNE ROAD SEBRING FL 33872	
TITLE NAME	P ADAMS, HOWARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 1118 N/A LEHIGH FL 33970-1118	
TITLE NAME	STD OSWALD, JACK	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 39 N/A GREENWOOD FL 32443	
TITLE NAME	VD SAWYER, PAUL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6331 EMERALD BAY CT. FT. MYERS FL 33908-5080	
TITLE NAME	D DOUGLASS, RODNEY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	RT. 10, BOX 526J LAKE CITY FL 32025	

TITLE NAME	director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	President Steve Seaton	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	P.O. Box 783593 Winter Garden, FL 34778	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	2nd vice president Bill Johnson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2832 Hanover Hill Drive Valrico, FL 33594	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01 850-594-4721

Date Daytime Phone #

CR2E037 (10/00)