

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90037 029 \*\*\*\*61.25

**DOCUMENT # 725312**

1. Entity Name  
**FLORIDA SEED ASSOCIATION, INC.**

Principal Place of Business <b>3913 HWY. 71          P.O. BOX 39          GREENWOOD FL 32443</b>	Mailing Address <b>3913 HWY. 71          P.O. BOX 39          GREENWOOD FL 32443</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-1618977</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>OSWALD, JACK 3913 HWY. 71 GREENWOOD FL 32443</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		<b>FL</b>	

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: *Jack Oswald* DATE: *3/16/2002*

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>D</b>	NAME: <b>SEE, RICHARD</b> <input checked="" type="checkbox"/> Delete	TITLE: <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>Arlen Wood Jr.</b>
STREET ADDRESS: <b>13690 SW 248TH ST</b>	CITY-ST-ZIP: <b>PRINCETON FL 33032</b>	STREET ADDRESS: <b>P.O. Box 91690</b>	CITY-ST-ZIP: <b>Lakeland FL 33804-1690</b>
TITLE: <b>VP</b>	NAME: <b>PAYNE, JOHN</b> <input type="checkbox"/> Delete	TITLE: <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>Payne, John</b>
STREET ADDRESS: <b>9410 PAYNE ROAD</b>	CITY-ST-ZIP: <b>SEBRING FL 33872</b>	STREET ADDRESS: <b>9410 Payne Road</b>	CITY-ST-ZIP: <b>Sebring FL 33872</b>
TITLE: <b>P</b>	NAME: <b>SEATON, STEVE</b> <input checked="" type="checkbox"/> Delete	TITLE: <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>Glen Kaufman</b>
STREET ADDRESS: <b>PO BOX 783593</b>	CITY-ST-ZIP: <b>WINTER GARDEN FL 34778</b>	STREET ADDRESS: <b>P.O. Box 1866</b>	CITY-ST-ZIP: <b>Palm City, FL 34991</b>
TITLE: <b>STD</b>	NAME: <b>OSWALD, JACK</b> <input type="checkbox"/> Delete	TITLE: <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>Bill Johnson</b>
STREET ADDRESS: <b>P.O. BOX 39 N/A</b>	CITY-ST-ZIP: <b>GREENWOOD FL 32443</b>	STREET ADDRESS: <b>2832 Hanover Hill Drive</b>	CITY-ST-ZIP: <b>Valrico, FL 33594</b>
TITLE: <b>2VP</b>	NAME: <b>JOHNSON, BILL</b> <input type="checkbox"/> Delete	TITLE: <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>Scott Peterson</b>
STREET ADDRESS: <b>2832 HANOVER HILL DR</b>	CITY-ST-ZIP: <b>VALRICO FL 33594</b>	STREET ADDRESS: <b>103 Starview Avenue</b>	CITY-ST-ZIP: <b>Lehigh Acres, FL 33936</b>
TITLE: <b>D</b>	NAME: <b>DOUGLASS, RODNEY</b> <input checked="" type="checkbox"/> Delete		
STREET ADDRESS: <b>RT. 10, BOX 526J</b>	CITY-ST-ZIP: <b>LAKE CITY FL 32025</b>		

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* DATE: *3/16/2002* DAYTIME PHONE #: *(850) 526-3815*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)