

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90170 046 ****61.25

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DOCUMENT # 732983

1. Entity Name

THE SOIL AND CROP SCIENCE SOCIETY OF FLORIDA, IN C.



Principal Place of Business

**SWEREC-IMMOKALEE
2686 STATE ROAD 29 NORTH
IMMOKALEE FL 34142-9515
US**

Mailing Address

**SWEREC-IMMOKALEE
2686 STATE ROAD 29 NORTH
IMMOKALEE FL 34142-9515
US**

2. Principal Place of Business

UNIV OF FLORIDA

Suite, Apt. #, etc.

P O BOX 110290

**CITY & STATE
GAINESVILLE FL**

**Zip
32611-0290**

**Country
USA**

3. Mailing Address

UNIV OF FLORIDA

Suite, Apt. #, etc.

P O BOX 110290

**CITY & STATE
GAINESVILLE FL**

**Zip
32611-0290**

**Country
USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7415036**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OBREZA, THOMAS
14622 AERIES WAY DR
FT MYERS FL 33912**

7. Name and Address of New Registered Agent

Name **OBREZA, THOMAS**
Street Address (P.O. Box Number is Not Acceptable)
UNIV. OF FLORIDA
2169 MCCARTY HALL
City **GAINESVILLE** FL Zip Code **32611**

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 *Thomas A. Obreza*

4 APRIL 2003

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

TITLE	ST	<input type="checkbox"/> Delete
NAME	OBREZA, THOMAS	
STREET ADDRESS	14622 AERIES WAY DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DICKSON, DONALD	
STREET ADDRESS	BLDG 970 NATURAL AREA DR	
CITY-ST-ZIP	GAINESVILLE FL 32611	
TITLE	PE	<input type="checkbox"/> Delete
NAME	STANLEY, CRAIG	
STREET ADDRESS	5007 60TH ST E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAM, THOMAS	
STREET ADDRESS	RT 18 BOX 720	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	D	<input type="checkbox"/> Delete
NAME	NKEDI-KIZZA, PETER	
STREET ADDRESS	1907 SW 75TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUCHOVEJ, ROSA	
STREET ADDRESS	6624 WAKEFIELD DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33912	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBREZA, THOMAS	
STREET ADDRESS	2169 MC CARTY HALL	
CITY-ST-ZIP	GAINESVILLE FL 32611	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, CRAIG	
STREET ADDRESS	5007 60TH ST E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBLISS, CARROL	
STREET ADDRESS	305 NEWELL HALL	
CITY-ST-ZIP	GAINESVILLE FL 32611	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NKEDI-KIZZA, PETER	
STREET ADDRESS	2169 MC CARTY HALL	
CITY-ST-ZIP	GAINESVILLE FL 32611	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUCHOVEJ, ROSA	
STREET ADDRESS	2686 SR 29 NORTH	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADJEI, MARTIN	
STREET ADDRESS	3401 EXPERIMENT STATION	
CITY-ST-ZIP	ONA FL 33865	

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: *Thomas A. Obreza*

4 APR 2003 352-392-1951

CR2E037 (10/02)