

2003 ~~UNIFORM~~ BUSINESS REPORT (UBR)

non-profit

APPROVED
AND
FILED

00 SEP -1 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

768484

1. Entity Name

FLORIDA RICE COUNCIL, INC.

Principal Place of Business

Mailing Address

8050 South U.S. Hwy 27
South Bay, FL 33493
US

Post Office Box 1210
Belle Glade, FL 33430
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2821964

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

ROTH, RAYMOND R., JR.
232 N.W. AVENUE L
BELLE GLADE, FL 33430

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

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROTH, RAYMOND R. JR.	
STREET ADDRESS	232 N.W. AVENUE L	
CITY-ST-ZIP	BELLE GLADE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERDOMO, RAUL	
STREET ADDRESS	13733 EXOTICA LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PORRO, MANUEL	
STREET ADDRESS	1510 THE TWELTH FAIRWAY	
CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SENGELMANN, KLAUS	
STREET ADDRESS	1147 READING TERRACE	
CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	UNDERBRINK, ROBERT J.	
STREET ADDRESS	8050 SOUTH U.S. 27	
CITY-ST-ZIP	SOUTH BAY, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RECIO, EDUARDO	
STREET ADDRESS	ATLANTIC SUGAR ROAD	
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000003391730--3
STREET ADDRESS	-09/13/00--01065--018
CITY-ST-ZIP	*****61.25 *****61.25
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	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Underbrink August 21, 2000 (561-996-7257)

Date

Daytime Phone

CR2E034 (9/99)