

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768484

1. Entity Name

FLORIDA RICE COUNCIL, INC.

Principal Place of Business

8050 SOUTH U.S. HWY. 27
SOUTH BAY FL 33493
US

Mailing Address

P.O. 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

Zip

Country

Zip

Country

4. FEI Number

59-2821964

Applied For

Not Applicable

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

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 P ☐ Delete
NAME ROTH, RAYMOND R. JR.
STREET ADDRESS 232 N.W. N.W. AVENUE L
CITY-ST-ZIP BELLE GLADE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PERDOMO, RAUL
STREET ADDRESS 13733 EXOTICA LANE
CITY-ST-ZIP W PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME PORRO, MANUEL
STREET ADDRESS 1510 THE TWELFTH FAIRWAY
CITY-ST-ZIP W PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME SENNELMANN, KLAUS
STREET ADDRESS 1147 READING TERRACE
CITY-ST-ZIP W PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME UNDERBRINK, ROBERT J.
STREET ADDRESS 8050 SOUTH U.S. 27
CITY-ST-ZIP SOUTH BAY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RECIO, EDUARDO
STREET ADDRESS ATLANTIC SUGAR ROAD
CITY-ST-ZIP BELLE GLADE FL

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 8, 2002 561-996-7257
Date Daytime Phone #

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90018 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)