

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90054 022 \*\*\*\*61.25

**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**

**44004223**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

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.  
27502 CR 880  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ROTH, RAYMOND R. JR.	232 N.W. N.W. AVENUE L	BELLE GLADE, FL	<input type="checkbox"/>
D	PERDOMO, RAUL	13733 EXOTICA LANE	W PALM BEACH, FL	<input type="checkbox"/>
VP	STEIN, ROY S	1625 WEDGEWORTH RD	BELLE GLADE, FL 33430	<input type="checkbox"/>
SD	SENGELMANN, KLAUS	1147 READING TERRACE	W PALM BEACH, FL	<input type="checkbox"/>
T	UNDERBRINK, ROBERT J.	8050 SOUTH U.S. 27	SOUTH BAY, FL	<input type="checkbox"/>
D	ULLOA, MODESTO F	278 SQUIRE DRIVE	WELLINGTON, FL 33414	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:**

*Robert J. Underbrink*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-03

561-996-7257

Date

Daytime Phone #