

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 791011

1. Entity Name

AGRI-BUSINESS COOPERATIVE OF INDIAN RIVER

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90147 004 ****61.25

Principal Place of Business

2000 N KINGS HWY
POST OFFICE BOX 670
FORT PIERCE FL 34954

Mailing Address

2000 N KINGS HWY
POST OFFICE BOX 670
FORT PIERCE FL 34954-0670

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1354883

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

MINTON, B T
8431 HIDDEN PINES ROAD
FT PIERCE FL 33450

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 PD ☐ Delete
NAME MINTON, B T
STREET ADDRESS 8431 HIDDEN PINES RD
CITY-ST-ZIP FT PIERCE FL 34950

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

TITLE VSD ☐ Delete
NAME MINTON, SHIRLEY A.
STREET ADDRESS 1001 S 11TH STREET
CITY-ST-ZIP FT PIERCE FL

TITLE D ☒ Change ☐ Addition
NAME Minton, Shirley A.
STREET ADDRESS 2501 S. Indian River Drive
CITY-ST-ZIP Ft. Pierce, FL 34950

TITLE STD ☐ Delete
NAME MINTON, J L
STREET ADDRESS 4905 4TH STREET
CITY-ST-ZIP VERO BEACH FL 32968

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

TITLE VD ☐ Delete
NAME MINTON, MICHAEL D
STREET ADDRESS 2513 S. INDIAN RIVER DR.
CITY-ST-ZIP FT. PIERCE FL 34950

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-00 561-464-3502