

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2001 8:00 am**
Secretary of State

02-13-2001 90047 050 ****61.25

DOCUMENT # 791011

1. Entity Name

AGRI-BUSINESS COOPERATIVE OF INDIAN RIVER

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**

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 **59-1354883**

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

**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-ZIPTITLE **D** ☐ Delete
NAME **MINTON, SHIRLEY A.**
STREET ADDRESS **2501 S. INDIAN RIVER DR**
CITY-ST-ZIP **FORT PIERCE FL 34950**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **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-ZIPTITLE **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-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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**John Minton, Secretary**

Date

1/29/01

Daytime Phone #

561-464-3502

CR2E037 (10/00)