

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90012 007 ***150.00

DOCUMENT # 822823

1. Entity Name

HARRIS MORAN SEED COMPANY

Principal Place of Business

Mailing Address

555 CODONI STREET
P.O. BOX 4938
MODESTO CA 95352-1938

555 CODONI STREET
P.O. BOX 4938
MODESTO CA 95352-4938

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

94-1695235

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

DEAN, JACK
6125 SE 48TH AVENUE ROAD
OCALA FL 34471

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **600 CEO** ☐ Delete
NAME **GANAS, JEAN CHARLES**
STREET ADDRESS **3624 BALFOUR LN**
CITY-ST-ZIP **MODESTO CA 95357**

TITLE **CEO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **ASHCRAFT, PHIL**
STREET ADDRESS **330 JACARANDA DR**
CITY-ST-ZIP **DANVILLE CA 94506**

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

TITLE **V** ☐ Delete
NAME **BERGER, FRANCK**
STREET ADDRESS **753 PARKSTON CT**
CITY-ST-ZIP **MODESTO CA 95357**

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

TITLE **VPO** ☐ Delete
NAME **MIZICKO, JOHN**
STREET ADDRESS **401 W. UNION**
CITY-ST-ZIP **MODESTO CA 95356**

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

TITLE **V** ☐ Delete
NAME **SMITH, JAMES**
STREET ADDRESS **3513 DRALINGTON CT**
CITY-ST-ZIP **MODESTO CA 95356**

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

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

JAMES M SMITH

Date

4/25/00

Daytime Phone #

209 5955212

CR2E034 (9/99)