

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
 05-18-2001 91601 040 ***150.00

0602379

DOCUMENT # 822823

1. Entity Name

HARRIS MORAN SEED COMPANY

Principal Place of Business

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

Mailing Address

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

552661



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **94-1695235**

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

DEAN, JACK
6125 SE 46TH AVENUE ROAD
OCALA FL 34471

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	GANAS, JEAN CHARLES	
STREET ADDRESS	3624 BALFOUR LN	
CITY-ST-ZIP	MODESTO CA 95357	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ASHCRAFT, PHIL	
STREET ADDRESS	330 JACARANDA DR	
CITY-ST-ZIP	DANVILLE CA 94506	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BERGER, FRANCK	
STREET ADDRESS	753 PARKSTON CT	
CITY-ST-ZIP	MODESTO CA 95357	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	MIZICKO, JOHN	
STREET ADDRESS	401 W. UNION	
CITY-ST-ZIP	MODESTO CA 95356	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, JAMES	
STREET ADDRESS	3513 DRALINGTON CT	
CITY-ST-ZIP	MODESTO CA 95356	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruno Caratte	
STREET ADDRESS	555 Codoni Ave	
CITY-ST-ZIP	Modesto, CA 95357	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P. Research	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff McElroy	
STREET ADDRESS	2700 Marina Drive #6	
CITY-ST-ZIP	Modesto, CA 95355	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO/V.P. Admin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P. Human Resources	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Silva	
STREET ADDRESS	1255 Sweetthorn Pl	
CITY-ST-ZIP	Manteca, CA 95336	

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:

James M. Smith *JAMES M SMITH*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

209 549-5242

Daytime Phone #

CR2E034 (10/00)