

# 2000 UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT

**DOCUMENT # A26062**

1. Entity Name  
**FLORICROPS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

Principal Place of Business      Mailing Address  
 % SEVILLE AGRICULTURAL SERVICES. INC.      % SEVILLE AGRICULTURAL SERVICES. INC.  
 P.O. BOX 9      P.O. BOX 9  
 SEVILLE FL 32090-0009      SEVILLE FL 32190-0009



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |                                                                                                 |  |                |  |
|--------------------------------|---------|---------------------|---------|-------------------------------------------------------------------------------------------------|--|----------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-2893485</b>                                                                 |  | Applied For    |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/>                                       |  | Not Applicable |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |                |  |
| Zip                            | Country | Zip                 | Country |                                                                                                 |  |                |  |

|                                                                                     |  |  |  |                                                    |  |  |  |    |  |          |  |
|-------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------|--|--|--|----|--|----------|--|
| 6. Name and Address of Current Registered Agent                                     |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |    |  |          |  |
| <b>DELLECKER, WILLIAM M.</b><br>2184 U.S. HIGHWAY 17 NORTH<br>SEVILLE FL 32190-0009 |  |  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                  |                                                         |                                                                               |
|------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------|
| 9. Capital Contributions as Shown on record. <b>\$102,500.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------|

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |                                                                    | 13. ADDRESS CHANGES ONLY |                                                                 |
|---------------------------------|--------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------|
| DOCUMENT #                      | <b>DELLECKER, WILLIAM M.</b><br>2184 US HWY 17 NORTH<br>SEVILLE FL | STREET ADDRESS           | 000003268970--5<br>-05/26/00--01093--021<br>***526.25 ***526.25 |
| NAME                            |                                                                    | CITY - ST - ZIP          |                                                                 |
| STREET ADDRESS                  |                                                                    |                          |                                                                 |
| CITY - ST - ZIP                 |                                                                    |                          |                                                                 |
| DOCUMENT #                      |                                                                    | STREET ADDRESS           |                                                                 |
| NAME                            |                                                                    | CITY - ST - ZIP          |                                                                 |
| STREET ADDRESS                  |                                                                    |                          |                                                                 |
| CITY - ST - ZIP                 |                                                                    |                          |                                                                 |
| DOCUMENT #                      |                                                                    | STREET ADDRESS           |                                                                 |
| NAME                            |                                                                    | CITY - ST - ZIP          |                                                                 |
| STREET ADDRESS                  |                                                                    |                          |                                                                 |
| CITY - ST - ZIP                 |                                                                    |                          |                                                                 |
| DOCUMENT #                      |                                                                    | STREET ADDRESS           |                                                                 |
| NAME                            |                                                                    | CITY - ST - ZIP          |                                                                 |
| STREET ADDRESS                  |                                                                    |                          |                                                                 |
| CITY - ST - ZIP                 |                                                                    |                          |                                                                 |

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: William M. Dellecker      Date: 4/25/00      Daytime Phone #: 904-749-2221

CR2E003 (9/99)