

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000176 AT

DOCUMENT # **A93000000445**

1. Entity Name
KNIGHT AGRICULTURE, LLLP



FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**205 S.W. 1ST STREET
BELLE GLADE FL 33430**

Mailing Address
**P.O. BOX 730
BELLE GLADE FL 33430**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 24, 2003

4. FEI Number **65-0404773**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NOWICKI, MARK J ESQUIRE
14155 US HIGHWAY ONE
SUITE 302
JUNO BEACH FL 33408**

7. Name and Address of New Registered Agent

Name
Nowicki, Mark J., Esquire
Street Address (P.O. Box Number is Not Acceptable)
14155 US Highway One
Suite 210
City **Juno Beach** **FL** Zip Code **33408-1431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

DATE **9/11/03**

9. Capital Contributions as Shown on record. **\$4,872,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT #
NAME **KNIGHT, SAMUEL N., JR. TRUSTEE**
STREET ADDRESS **5603 PENNOCK POINT ROAD**
CITY-ST-ZIP **JUPITER FL 33458**

DOCUMENT #
NAME **KNIGHT, RAMONA A-TRUSTEE**
STREET ADDRESS **5603 PENNOCK POINT ROAD**
CITY-ST-ZIP **JUPITER FL 33458**

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP **300023527033
10/03/03--01012--016 **541.25**

STREET ADDRESS
CITY-ST-ZIP **300023527033
10/20/03--01061--001 **385.00**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE **9/27/03**

Daytime Phone #

CR2E003 (4/03)