

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90215 011 ****61.25

DOCUMENT # F00000003080

1. Entity Name
NEW LEAF MARKET, INC.



Principal Place of Business

**675 23RD AVENUE, N.W.
SAUK RAPIDS MN 56379**

Mailing Address

**675 23RD AVENUE, N.W.
SAUK RAPIDS MN 56379**

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 **59-1561741**

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

**HARTRIDGE, LARRANE
1235 APLACHEE PARKWAY
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOV. FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-------------------------------|---|--|
| TITLE NAME | PS HEIN, GRETCHEN M. PRES | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 2032 WEDGEWOOD DRIVE TALLAHASSEE FL 32311 | |
| TITLE NAME | V HEID, FOX VP | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 1300 W. INDIANHEAD DR. TALLAHASSEE FL 32301 | |
| TITLE NAME | D PARKER-HANSON, DELLA | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 14 EGRET STREE CRAWFORDVILLE FL 32327 | |
| TITLE NAME | CD HUNGERFORD, CHUCK | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 4170 TUCKER DRIVE TALLAHASSEE FL 32301 | |
| TITLE NAME | D LEBOW, DAVID | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 1101 OLD FORT DR. TALLAHASSEE FL 32301 | |
| TITLE NAME | T RICHARDS, STEVE R TREAS | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 2851 REMINGTON GREEN CIR. TALLAHASSEE FL 32308 | |

| | | |
|-------------------------------|---|--|
| TITLE NAME | SECRETARY/DIRECTOR DAVID WATSON | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 2045 LONGVIEW DR TALLAHASSEE FL 32303 | |
| TITLE NAME | DIRECTOR CANTACE ANGERS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 100 S. MULBERRY ST MONTICELLO FL 32344 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME | DIRECTOR RAVINDER SINGH | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 1514 GREEN ST TALLAHASSEE FL 32303 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 

4/22/03

CR2E037 (10/02)