

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90058 007 \*\*\*150.00

**DOCUMENT # F28787**

1. Entity Name

**FLOR-AG CORPORATION**

Principal Place of Business

**% PRUDENTIAL REALTY GROUP  
201 S. ORANGE AVENUE, SUITE 790  
ORLANDO FL 32801**

Mailing Address

**213 WASHINGTON ST  
TAX - 8TH FLOOR  
NEWARK NJ 07102-3777**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **22-2354448**

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

**UNITES STATES CORP CO  
1201 HAYES ST  
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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
STUTZMAN, BOB J.  
801 WARRENVILLE RD., STE. 600  
LISLE IL** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Pres/Dir  
Meneely, John H.  
801 warrenville Rd.  
Lisle, IL 60532-1396** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
CHAPLIN, EDWARD C.  
PRUDENTIAL PLAZA  
NEWARK NJ** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MENEELY, JOHN H.  
801 WARRENVILLE RD., STE. 600  
LISLE IL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
TARNOW, WILLIAM M  
801 WARRENVILLE RD STE 600  
LISLE IL 60532-1357** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
McDonald, Jack K.  
2 Ravinia Dr  
Atlanta, GA 30346-2103** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPT  
GOULD, MELVIN L.  
801 WARRENVILLE RD., STE 600  
LISLE IL 60532-1357** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP/Direct  
Marsh, Paul E.  
801 warrenville Rd  
Lisle, IL 60532-1396** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
ALLISON, CHARLES  
201 S. ORANGE AVE., STE. 790  
ORLANDO FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

**Dominic Fiore**

Date

Daytime Phone #

**977-802-3571**

CR2E034 (10/00)