

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000000243**

06-12-2000 90042 045 \*\*\*150.00  
F94000000243

1. Entity Name  
**AGRESERVES, INC.**

**FILED**

**00 JUL -7 PM 12: 29**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
139 E. SOUTH TEMPLE #110      139 E. SOUTH TEMPLE #110  
SALT LAKE CITY UT 84111-1103      SALT LAKE CITY UT 84111-1175

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      Applied For  
**87-0481574**      Not Applicable  
5. Certificate of Status Desired      \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
**SQUIRES, FERREN  
13754 DESERET LAND  
ST CLOUD FL 34773-9381**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CREER, JOHN W 139 EAST SOUTH TEMPLE, STE 110 SALT LAKE CITY UT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMOREAUX, ROBERT D 139 EAST SOUTH TEMPLE, STE 110 SALT LAKE CITY UT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COWAN, ROBERT L 139 EAST SOUTH TEMPLE, STE 110 SALT LAKE CITY UT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS RUECKERT, THOMAS G. 139 E SOUTH TEMPLE #110 SALT LAKE CITY UT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNN, DALE A 10366 BARNSDALE DR. BOISE ID 83704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, HAROLD 50 EAST NORTH TEMPLE 7TH FL SALE LAKE CITY UT	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**PAID**  
**APR 18 2000**

**SP**

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 a red trace, with all other like amendments.

SIGNATURE: John W. Creer      **John W. Creer 4/17/00 (801) 359-1600**  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #