

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90155 038 \*\*\*150.00

**DOCUMENT # G47811**

1. Entity Name  
**BIRDSALL GROWERS, INC.**

Principal Place of Business % L. FRANK CHOPIN 440 ROYAL PALM WAY, STE 200 PALM BEACH FL 33480 US	Mailing Address % L. FRANK CHOPIN 440 ROYAL PALM WAY, STE 200 PALM BEACH FL 33480-4142 US
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2. Principal Place of Business <b>505 S. Flagler Drive</b> Suite, Apt. #, etc. <b>Suite 300</b> City & State <b>West Palm Beach, FL</b>	3. Mailing Address <b>505 S. Flagler Drive</b> Suite, Apt. #, etc. <b>Suite 300</b> City & State <b>West Palm Beach, FL</b>
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DO NOT WRITE IN THIS SPACE

Zip <b>33401</b>	Country <b>USA</b>	Zip <b>33401</b>	Country <b>USA</b>	4. FEI Number <b>59-2322715</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required		

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CHOPIN, L. FRANK**  
**440 ROYAL PALM WAY, STE 300**  
**SUITE 200**  
**PALM BEACH FL 33480**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**505 S. Flagler Drive, Suite 300**  
 City  
**West Palm Beach** **FL** Zip Code  
**33401**

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.

**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVPD</b> <b>BIRDSALL III, JOHN H.</b> <b>440 ROYAL PALM WAY STE 200</b> <b>PALM BCH FL 33480</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>505 S. Flagler Drive, Suite 300</b> <b>West Palm Beach, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>SD</b> <b>CHOPIN, L.FRANK</b> <b>440 ROYAL PALM WAY STE 200</b> <b>PALM BCH, FL 00000</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>505 S. Flagler Drive, Suite 300</b> <b>West Palm Beach, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>SORY, CAROLINE B</b> <b>440 ROYAL PALM WAY STE 200</b> <b>PALM BEACH FL 33480</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>505 S. Flagler Drive, Suite 300</b> <b>West Palm Beach, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** Date **4/25/00** (561) 655-9500 Daytime Phone #

CR2E034 (9/99)