

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H46548

1. Entity Name  
UNITED AGRI PRODUCTS-FLORIDA, INC.

Principal Place of Business

ONE CONAGRA DRIVE  
CC241  
OMAHA NE 68102-5001  
US

Mailing Address

ONE CONAGRA DRIVE  
CC241  
OMAHA NE 68102-5001  
US

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

47-0680109

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
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 P ☐ Delete  
NAME SMITH, DONNIE R  
STREET ADDRESS 5409 BURCHETTE RD  
CITY-ST-ZIP TAMPA FL 33647

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME KEITH, DEBRA L  
STREET ADDRESS 2918 BLACKHAWK CIR  
CITY-ST-ZIP OMAHA NE 68123

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VSD ☐ Delete  
NAME O'DONNELL, JAMES P  
STREET ADDRESS 1129 SOUTH 181 PLAZA  
CITY-ST-ZIP OMAHA NE 68130

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME BLUE, JAMES C  
STREET ADDRESS 4007 HARBOR WALK LANE  
CITY-ST-ZIP FT COLLINS CO 80525

TITLE Director ☐ Change ☒ Addition  
NAME Floyd McKinnerney  
STREET ADDRESS 9309 FM 462 N  
CITY-ST-ZIP Hondo, TX 78861

TITLE VCD ☐ Delete  
NAME BOLDING, JAY D  
STREET ADDRESS 1625 N 129TH ST  
CITY-ST-ZIP OMAHA NE 68154

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☒ Delete  
NAME WITHERS, DAVID G  
STREET ADDRESS 8105 NORTH 40 STREET  
CITY-ST-ZIP OMAHA NE 68112

TITLE Assistant Corporate Secretary ☐ Change ☒ Addition  
NAME Kevin L. Wedeking  
STREET ADDRESS 14466 Grant Street  
CITY-ST-ZIP Omaha, NE 68116

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:

*Debra L Keith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra L. Keith

4/24/01

Date

(402)595-4575

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE