

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H49004

1. Entity Name

AMERIGROW FARMS, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90032 033 \*\*\*150.00

Principal Place of Business

Mailing Address

10300 W. ATLANTIC AVENUE  
DELRAY BCH FL 33446  
US

251 SE 11TH STREET  
POMPANO BCH. FL 33060-8835  
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

59-2536692

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

RUTHERFORD, CHARLES E.  
2600 N. MILITARY TRAIL, 4TH FLOOR  
BOCA RATON FL 33431

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, 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 VD ☐ Delete  
NAME LAVALLE, LAWRENCE L.  
STREET ADDRESS ~~2600 N. MILITARY TRAIL~~  
CITY-ST-ZIP ~~BOCA RATON FL~~

TITLE VD ☐ Delete  
NAME WOCHNA, GERALD M.  
STREET ADDRESS ~~2600 N. MILITARY TRAIL~~  
CITY-ST-ZIP ~~BOCA RATON FL~~

TITLE STD ☐ Delete  
NAME RUTHERFORD, CHARLES E.  
STREET ADDRESS 2600 NORTH MILITARY TRAIL  
CITY-ST-ZIP BOCA RATON FL

TITLE VD ☐ Delete  
NAME BROWN, JEFF M.  
STREET ADDRESS ~~2600 N. MILITARY TRAIL~~  
CITY-ST-ZIP ~~BOCA RATON FL~~

TITLE PD ☐ Delete  
NAME SCHRY, JAMES L.  
STREET ADDRESS ~~10300 W ATLANTIC AVE~~  
CITY-ST-ZIP ~~DELRAY BCH FL~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 110 SW 11TH AVENUE  
STREET ADDRESS BOCA RATON, FL 33486  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 2095 NW 30 ROAD  
STREET ADDRESS BOCA RATON, FL 33431  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME 750 S. DIXIE HWY  
STREET ADDRESS BOCA RATON, FL 33432  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 4735 S. LAKE DRIVE  
STREET ADDRESS BOYNTON BEACH, FL 33436  
CITY-ST-ZIP

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

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:

*J. Schry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-26-00 561-738-4577

CR2E034 (9/93)