

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90082 035 ***150.00

DOCUMENT # J84639

1. Entity Name

IMMOKALEE AGRICULTURAL WORKERS I.D., INC.

Principal Place of Business

111 E. MAIN ST.
 IMMOKALEE FL 34142
 US

Mailing Address

111 E. MAIN ST.
 IMMOKALEE FL 34142
 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 **59-2829391**

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

JOHNSON, RICHARD
1300 FORRESTER AVE
IMMOKALEE FL 34142

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

Ann Winters **ANN Winters Secretary**

1-9-01

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 **DP** ☐ Delete
 NAME **JOHNSON, RICHARD**
 STREET ADDRESS **1300 FORRESTER AVE**
 CITY-ST-ZIP **IMMOKALEE FL**

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

TITLE **ST** ☐ Delete
 NAME **WINTERS, ANN**
 STREET ADDRESS **201 N. FIRST ST.**
 CITY-ST-ZIP **IMMOKALEE FL**

TITLE ☒ Change ☐ Addition
 NAME **Deborah St. John**
 STREET ADDRESS **111 E. Main Street**
 CITY-ST-ZIP **IMMOKALEE - FL - 34142**

TITLE **D** ☐ Delete
 NAME **WILLIAMS, JAMES JR.**
 STREET ADDRESS **201 N. FIRST ST.**
 CITY-ST-ZIP **IMMOKALEE FL**

TITLE ☒ Change ☐ Addition
 NAME **April O'Quinn**
 STREET ADDRESS **111 E. Main Street**
 CITY-ST-ZIP **IMMOKALEE - FL - 34142**

TITLE **D** ☐ Delete
 NAME **NEWSOME, BOBBY**
 STREET ADDRESS **201 NORTH FIRST STREET**
 CITY-ST-ZIP **IMMOKALEE FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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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:

Ann Winters **ANN Winters Secretary**

1-9-01

X 941-657-5207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)