

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 30 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L94000000573**

1. Entity Name

ADVANCED AGRICULTURE TECHNOLOGY, L.C.

Principal Place of Business

109 NW HOWELL DRIVE
FT. WALTON BEACH FL 32548

Mailing Address

P.O. BOX 1237
FT. WALTON BEACH FL 32549-1237

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

59-3278248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAUGHT, ALEXANDRA R
5 CLIFFORD DR
SHALIMAR FL 32579

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State.

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS RIVERS, RALPH F
CITY-ST-ZIP P.O. BOX 1237 N/A
FT WALTON BEACH FL 32549

TITLE ☐ Change ☐ Addition
NAME 400003256774--1
STREET ADDRESS -05/18/00--01019--008
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS NOLIN, ANDREW
CITY-ST-ZIP P.O. BOX 1237 N/A
FT WALTON BEACH FL 32549

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

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS CARTER, JOHN W
CITY-ST-ZIP P.O. BOX 1237 N/A
FT WALTON BEACH FL 32549

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

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS DEATON, DAVID D
CITY-ST-ZIP P.O. BOX 1237
FT WALTON BEACH FL 32549

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Ralph F Rivers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

April 28, 00
Date

850-244-4011
Daytime Phone #

CR2E083 (9/98)