2000 UNIFORM BUSINESS REPORT (UBR)

AND DOCUMENT # . L9800000651 00 APR 28 AM 8: 32 1. Entity Name WESTER AGRICULTURAL VENTURES, L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address PO BOX 2699 22500 OKEECHOBEE RD The state of the s FORT PIERCE FL 34954-2699 FT PIERCE FL 34945 2. Principal Place of Business 3. Mailing Address <u>20.Box 12129</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc WOW City & State -- 1. Pierce Applied For City & State 4. FEI Number 65-0839196 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WESTER, JERRY Street Address (P.O. Box Number is Not Acceptable) 1590 COPENHAVER ROAD FORT PIERCE FL 34945 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. MGRM TITLE TITLE Detecte 70000325N NAME WESTER, JERRY WAYNE MAME 05/12/00--01097 STREET ADDRESS 1590 COPENHAVER ROAD STREET ADDRESS *****55.<u>0</u>0 CITY- 21-71P FORT PIERCE FL 34945 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deleta TITLE Change Addition | MILE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-EIP CTTY - 27 - 21P Delete Change Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - 21- 71P Change Addition Delete TITLE TITLE NAME NAME

11.31 hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-XT-71P

SIGNATURE:

STREET ADDRESS

CITY- 81- 21

SERRY WWester 421/00 1-660-464-6

EMBER OF MANAGER

Dayling Phone #

APPROYED