2001 UNIFORM BUSINESS REPORT (UBR)

DOCUI	MENT # L9900	0000779							
S.A.K. FARMS, L.C.						FILED			
						01 APR 13 PM 5: 00			
Principal Place	Mailing Address	Address							
205 SW FIRST STREET BELLE GLADE FL 33430		205 SW FIRST STREET BELLE GLADE FL 33430				SECRETARY OF STATE FOLLAHASSEE, FLORIDA			
2. Principal Place of Business		3. Mailing Address P.O. Box 730							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			Belle Glade, FL			Number 65-0902352	N	oplied For ot Applicable	
Zip Country		Zip 33430			5. Certi	artificate of Status Desired			
	6. Name and Address of Current		ered Agent		7. Name and Address of New Registered Agent				
				Name					
NOWICKI, MARK J Street Address (F 14155 U.S. HIGHWAY ONE, SUITE 302					s (P.O. Box N	P.O. Box Number is Not Acceptable)			
	ACH FL 33408-1499					•			
					FL Zip Code				
8. The above	named entity submits this statement fo	r the purpose of changing its	register	ed office or regis	tered agent,	or both, in the State of Florida. /			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if anniicable. (NOTE	: Registere	d Agent signature requi	red when reinstat	ing) DATE			
-	agricule, typed of printed harte or legisles of agriculture,								
		Make Check Pa		FEE IS \$50.00 o Department		•			
9.	MANAGING MEMBERS/MEMBERS 10.				ADDITIONS/CHANGES ADDITIONS/CHANGES ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KNIGHT, STEPHEN A 820 LAGOON LANE	☐ Delete	1			200004037 -04/23/01- *****55.00		-016 55.00	
TITLE	LANTANA FL 33462	☐ Delete	TITL	E .			☐ Change	☐ Addition 2	
NAME STREET ADDRESS CITY-ST-ZIP	÷			EET ADDRESS ST-ZIP					
TITLE,		☐ Delete _	TITL				☐ Change	, Addition	
NAME .			NAM STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			I	'-ST-ZIP					
TITLE		☐ Delete	TITE				☐ Change	☐ Addition	
NAME STREET ADDRESS			nan Str	eet address					
CITY-ST-ZIP			CITY	'-ST-ZIP					
TITLE Name #		☐ Delete	TITL NAS	I		w)	Change	☐ Addition	
STREET ADDRESS	÷			EET ADDRESS					
CITY-ST-ZIP		☐ Detete	CIT	r-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME	1	☐ Delete	NAN			. •			
STREET ADDRESS CITY+ST-ZIP				EET ADDRESS '-ST-ZIP					
11 1 horoby o	ertify that the information supplied with	this filing does not qualify fo	r the eve	emption stated in	Section 119	.07(3)(i), Florida Statutes. I further co	ertify that the	information	
indicated	on this report is true and accurate and bility company or the receiver or truster	that my signature shall have	the sam	e legal ettect as l	it mada unde	er daen: that i am a matiading methi	oei or managi	or OI tile	

3/1/01

561-996-6262

Daytime Phone *