

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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00 MAY -4 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000002970

1. Entity Name
SERVICES TO AGRICULTURE I, L.L.C.

Principal Place of Business
4401 E. COLONIAL DRIVE
ORLANDO FL 32803

Mailing Address
4401 E. COLONIAL DRIVE
ORLANDO FL 32803-5219

2. Principal Place of Business
3443 HANCOCK BRIDGE PKWY
Suite, Apt. #, etc.
SUITE 102

3. Mailing Address
P.O. BOX 2030
Suite, Apt. #, etc.

City & State
N. FT. MYERS FL
Zip
33903
Country
USA

City & State
FT. MYERS, FL
Zip
33902
Country

4. FEI Number
59-3579603
Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CRAMER, CHARLES W
1420 EDGEWATER DRIVE
ORLANDO FL 32804

7. Name and Address of New Registered Agent
Name
J. JEFF KLOPSTAD
Street Address (P.O. Box Number is Not Acceptable)
3443 HANCOCK BRIDGE PKWY
SUITE 102
City
N. FT. MYERS FL
Zip Code
33903

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 DATE 4/30/00
Signature (Typed & printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FFVA-AIM, INC. 4401 E. COLONIAL DRIVE ORLANDO FL 32803 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PEO SERVICES, INC. 4401 E. COLONIAL DRIVE ORLANDO FL 32803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PEO SERVICES, L.L.C. 3443 HANCOCK BRIDGE PKWY, SUITE 102 N. FT. MYERS, FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	20000327555 <input type="checkbox"/> Change <input type="checkbox"/> Addition -06/02/00--01094--023 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE 4/30/00 DAYTIME PHONE # 941-592-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

11/6/01 13:02 P.C.