2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **M96498** Jan 26, 2000 8:00 am 1. Entity Name **Secretary of State** HAGEN AGRICULTURAL PARK CORP. 01-26-2000 90006 045 ***150.00 Principal Place of Business Mailing Address 2882 SMITH SUNDY ROAD 288Z SMITH SUNDY ROAD 7085 AYRSHIRE LANE DELRAY BEACH FL 30446 DELRAY BEACH FL 33446 2. Principal Place of Business Mailing Address 288-Z Smith Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0104823 Not Applicable Zip Country \$8.75 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 WOLF, STEVE Street Address (P.O. Box Number is Not Acceptable) 288Z SMITH SUNDY ROAD **DELRAY BEACH FL 33446** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **Addition** DST ☐ Delete TITLE TITLE WOLF, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 7085 AYRSHIRE LANE 33496 CITY-ST-ZIP BOCA RATON FL 《是外海》 CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE LEGUM, E. WAYNE NAME NAME 10570 Hagen Ranch Road Boynton Beach, FL. 33437 STREET ADDRESS 6284 W BOYNTON BCH BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH. FL** ☐ Change ☐ Delete TITI F TITLE NAME NAME WEISINGER, ALBERT STREET ADDRESS STREET ADDRESS 1575 OCEAN LANE #278 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33316 **★**Addition ☐ Change ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS High land Beach, FL. 33487 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I 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 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 disease 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.