

# 2001 UNIFORM BUSINESS REPORT (UBR)

003072 AB

DOCUMENT # M99000000586

1. Entity Name

ROYSTER-CLARK AGRIBUSINESS REALTY LLC

FILED

01 MAY 29 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6 EXECUTIVE DRIVE  
COLLINSVILLE IL 62234

Mailing Address

6 EXECUTIVE DRIVE  
COLLINSVILLE IL 62234

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

22-3648546

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 NAME MGRM ROYSTER-CLARK AGRIBUSINESS REALTY LLC ☐ Delete  
STREET ADDRESS 600 FIFTH AVE., 25TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10020

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

TITLE NAME MGR JENKINS, FRANCIS P ☐ Delete  
STREET ADDRESS 600 FIFTH AVE., 25TH FLOR  
CITY-ST-ZIP NEW OYRK NY 10020

TITLE NAME 800004440003 ☐ Change ☐ Addition  
STREET ADDRESS -06/25/01--01137--002  
CITY-ST-ZIP \*\*\*\*\*250.00 \*\*\*\*\*50.00

TITLE NAME MGR MOSHENEK, G. KENNETH ☐ Delete  
STREET ADDRESS 999 WATERSIDE DR., SUITE 800  
CITY-ST-ZIP NORFOLK VA 23510

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

TITLE NAME MGR MURPHY, PAUL ☐ Delete  
STREET ADDRESS 999 WATERSIDE DR., SUITE 800  
CITY-ST-ZIP NORFOLK VA 23510

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

TITLE NAME MGR VANCE, WALTER ☐ Delete  
STREET ADDRESS 6 EXECUTIVE DR.  
CITY-ST-ZIP COLLINSVILLE IL 62234

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

WALTER R VANCE 4-23-01 618 346-7361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)