## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N01000001919

Entity Name: THE FEED JAMAICA FOUNDATION INC

Apr 29, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business: 7011 NW 38TH MANOR** CORAL SPRINGS, FL 33065 **Current Mailing Address: New Mailing Address:** 7011 NW 38TH MANOR CORAL SPRINGS, FL 33065 FEI Number: 65-1139984 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MELVILLE, ANDREW B 4725 NW 3RD STREET US PLANTATION, FL 33317 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CHANNER, ALMANDO Name: Name: 7011 NW 38TH MANOR Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: VD () Delete Title: VD (X) Change ( ) Addition Name: BARRETT, CLIFTON Name: BARRETT, CLIFTON Address: 20 COMMODORE DRIVE Address: 80 COMMODORE DRIVE **APT 410** City-St-Zip: PLANTATION, FL 33325 City-St-Zip: PLANTATION, FL 33325 Title: () Delete Title: () Change () Addition MELVILLE, AMDREW Name: Name: 4725 NW 3RD STREET Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition Name: BARRETT, AVA Name: BARRETT, AVA 20 COMMODORE DRIVE 80 COMMODORE DRIVE Address: Address: City-St-Zip: PLANTATION, FL 33325 City-St-Zip: PLANTATION, FL 33325 Title: () Delete Title: ( ) Change (X) Addition SHAW, ERIC Name: Name: 4959 NW 115 WAY Address: Address: CORAL SPRINGS, FL 33076 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFTON BARRETT VD 04/29/2002