2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90035-045-$70.00-$70.00

DOCUMENT # N35384

1. Entity Name

CENTER OF SUSTAINABLE AGROFORESTRY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIO...
00 SEP 27 AM 7:52

Principal Place of Business	Mailing Address
PO BOX 2007 ST. LEO FL 33574 US	ATTN: THOMAS V. CUNILIO 3953 NW 27TH LANE GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 2059	P.O. Box 2059
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. LEO FL	City & State: ST. LEO FL
Zip: 33574 Country: USA	Zip: 33574 Country: U.S.A.

4. FEI Number: 59-2989921 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CUNILIO, THOMAS V. 3953 NW 27TH LANE GAINESVILLE FL 32606	Name: THOMAS V. CUNILIO Street Address (P.O. Box Number is Not Acceptable): 33601 STATE RD 52 P.O. Box 2059 City: ST LEO FL Zip Code: 33574

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: THOMAS V. CUNILIO T. V. C. SEPT 10, 2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHRADER, JEROME SCHRADER TOTINSON AUVIL & BROCK DADE CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JEROME SCHRADER P.O. 2337 DADE CITY FL 33526	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SWIETNICKI, JOHN 1829 AVONDALE CIRCLE JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AUGUSTIN, FELIX, BR., O.S.B. ST. LEO ABBEY, BOX 2007 ST. LEO FL 33574	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLICK, RICHARD D CFR 1909 CHOWK EEBIN CT. TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9/29	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

12. 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 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Thomas Cunilio JULY 24, 2000 352 376 6265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #