

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90139 024 ****61.25

0025280

DOCUMENT # N93000003659

1. Entity Name

FLORIDA AGRICULTURE CONFERENCE AND TRADE SHOW, I

Principal Place of Business

Mailing Address

1025 S. SEMORAN BLVD.
 SUITE 1093
 WINTER PARK FL 32792

1025 S. SEMORAN BLVD.
 SUITE 1093
 WINTER PARK FL 32792

2. Principal Place of Business

One Purlicu Place
 Suite, Apt. #, etc.
Suite 122

3. Mailing Address

P.O. Box 2227
 Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Goldenrod FL

Zip

32792

Country

USA

Zip

32733

Country

USA

4. FEI Number

59-3203911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BROWN, REGINALD L
4401 E. COLONIAL DRIVE
ORLANDO FL 32814

7. Name and Address of New Registered Agent

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 \$61.25

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

TITLE **VD** ☐ Delete
 NAME **CANTILIFFE, DAN**
 STREET ADDRESS **P.O. BOX 110690 N/A**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VD** ☐ Delete
 NAME **TIGHE, SONIA**
 STREET ADDRESS **7402 N. 56TH ST., #560**
 CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☒ Delete
 NAME **SALIWANCHIK, MIKE**
 STREET ADDRESS **6416 OLD WINTER GARDEN RD**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **PTD** ☐ Delete
 NAME **BROWN, REGINALD L**
 STREET ADDRESS **4401 E COLONIAL DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☐ Delete
 NAME **NANCE, JERRY**
 STREET ADDRESS **1 LAKE LINK DR SE**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
 NAME **D. Phil LeBlanc**
 STREET ADDRESS **PO Box 3546**
 CITY-ST-ZIP **Haines City, FL 33845-3546**

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/01 407-894-3071

CR2E037 (10/00)