

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -7 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005364

1. Entity Name

The Agriculture Facilities Administration and
Management Corporation

Principal Place of Business

Mailing Address

2. Principal Place of Business

1515 Paul Russell Road

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 11175

Suite, Apt. #, etc.

#16

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32301

Country

USA

Zip

32302

Country

USA

4. FEI Number

31-1471942

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Lewis & White, L.C.
216 West College Ave., Suite 201
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

Name

William J. Roberts

Street Address (P.O. Box Number is Not Acceptable)

217 South Adams Street

City

Tallahassee

FL

Zip Code

32301

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

William J. Roberts

William J. Roberts

6-6-00

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 STD ☒ Delete
NAME White, Marlow
STREET ADDRESS 216 West College Ave., Suite 201
CITY-ST-ZIP Tallahassee, FL

TITLE PD ☐ Delete
NAME Adams, Tom B.
STREET ADDRESS 11550 Cty. Rd. 507
CITY-ST-ZIP Fellsmere, FL 32948

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Change ☐ Addition
NAME Lewis, A. Eugene
STREET ADDRESS 222 West Georgia Street
CITY-ST-ZIP Tallahassee, FL 32301

TITLE TD ☐ Change ☒ Addition
NAME Dodd, Jack
STREET ADDRESS 170 Sinclair Road
CITY-ST-ZIP Tallahassee, FL 32312

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

TITLE ☐ Change ☐ Addition
NAME 100003251921
STREET ADDRESS -05/15/00--01024--019
CITY-ST-ZIP *****658.75 *****70.00

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:

Tom Adams

Tom Adams

6/6/00 (561) 571-0577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)