

2001 UNIFORM BUSINESS REPORT (UBR)

0013962

DOCUMENT # N95000005364

Entity Name

THE AGRICULTURE FACILITIES ADMINISTRATION AND MA

FILED

01 MAY -2 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1515 PAUL RUSSELL ROAD
#16
TALLAHASSEE FL 32301
US

PO BOX 11175
TALLAHASSEE FL 32302

2. Principal Place of Business

3. Mailing Address

12 North Elm Street

P.O. Box 279

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fellsmere, FL

City & State

Fellsmere, FL

Zip

32948

Country

US

Zip

32948

Country

US

4. FEI Number

31-1471942

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

7. Name and Address of New Registered Agent

ROBERTS, WILLIAM J
217 S ADAMS ST
TALLAHASSEE FL 32301

Name

Timothy S. Franklin

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

225 South Adams Street, Suite 200

Tallahassee, FL 32301-1833

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.

ALREADY FILED A STATEMENT OF CHANGE OF REGISTERED AGENT IN CONFORMITY W/ABOVE

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	LEWIS, A. EUGENE	
STREET ADDRESS	222 W GEORGIA ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ADAMS, TOM B	
STREET ADDRESS	11550 CTY RD 507	
CITY-ST-ZIP	FELLSMERE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DODD, JACK	
STREET ADDRESS	170 SINCLAIR RD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Stanley R. Bates	
STREET ADDRESS	4330 N.W. 20th Place	
CITY-ST-ZIP	Gainesville, FL 32605-3437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TB

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

4/20/01 561-571-0577

CR2E037 (10/00)