2001 UNIFORM BUSINESS REPORT (UBR) Amended

DOCUMENT #

1. Entity Name N95000005364

THE AGRICULTURE FACILITIES ADMINISTRATION AND MANAGEMENT CORPORATION

FILED
01 OCT 29 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
12 North Elm Street Fellsmere, FL 32948	P.O. Box 279 Fellsmere, FL 32948

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1471942 ☐ 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
Timothy S. Franklin 225 South Adams St., Suite 200 Tallahassee, FL 32301-1833	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 LS
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Adams, Tom B. 11550 C.R. 507 ~~Fellsmere, FL 32948~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Bates, Stanley R. 4330 N.W. 20th Place Gainesville, FL 32605-3437 ☐ Change X☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bates, Stanley R. 4330 N.W. 20th Place ~~Gainesville, FL 32605-3437~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Ring, Steve 12 North Elm Street Fellsmere, FL 32948 ☐ Change X☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Lewis, A. Eugene 222 West Georgia St. ~~Tallahassee, FL 32301~~ XXDelete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Roy, Brian 2301 Maitland Cntr. Pkwy., Suite 300 Maitland, FL 32751 ☐ Change X☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Dodd, Jack 170 Sinclair Road ~~Tallahassee, FL 32312~~ XXDelete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jackson, Todd T. 1290 Bonaventure Drive Melbourne, FL 32940 ☐ Change X☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800004670048--2 -11/07/01--01007--002 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: Tom Adams 10-25-01 561-571-0597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #