

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001052

1. Entity Name

GULF COAST AGRICULTURE AND NATURAL RESOURCES ASS

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90260 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

153 HWY 97  
MOLINO FL 32577

PO BOX 653  
CANTONMENT FL 32533-0653  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NIEMANN, TIMOTHY E  
4690 RED BUD LN  
MOLINO FL 32577

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME ANDREWS, RICH  
STREET ADDRESS 1213 KNOLLWOOD DR  
CITY-ST-ZIP CANTONMENT FL 32533

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

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS LIVINGSTON, JACK  
CITY-ST-ZIP 2350 HWY 97N  
MOLINO FL 32577

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS NIEMANN, TIM  
CITY-ST-ZIP 4690 RED BUD LN  
MOLINO FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CUNNINGHAM, JACKY  
CITY-ST-ZIP 2251 HWY 97 N  
MOLINO FL 32577

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS JACOBI, NEIL  
CITY-ST-ZIP P O BOX 322 N/A  
MOLINO FL 32577

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CUNNINGHAM, JIMMY  
CITY-ST-ZIP 6030 HWY 29 N  
MOLINO FL 32577

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:

*Rich Andrews*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 18501937-0663  
Date Daytime Phone #

CR2E037 (9/99)