## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 29, 2002 8:00 am Secretary of State DOCUMENT # N9600001605 1. Entity Name 02-14-2002 90035 024 \*\*\*\*61.25 SUNSHINE AGRICULTURE INCORPORATED Principal Place of Business Mailing Address 73236 801 HERMITAGE BLVD. SUITE 800 1801 HERMITAGE BLVD., SUITE 600 ALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3375053 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TOOD, DAVID E 1801 HERMITAGE BLVD. **STE. 100** City Zip Code TALLAHASSEE FL 32308 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE <u>5</u> NAME BENNETT, DOUGLAS W NAME STREET ADDRESS STREET ADDRESS **CR2E037** 1801 HERMITAGE BLVD., SUITE 600 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Delete DV45 Addition TIFLE DVAS TITLE ☐ Change NAME NAME HORTON, JAMES W JEFF SMITH 1801 HERMITAGE BLVD. STE 600 STREET ADORESS STREET ADDRESS 1801 HERMITAGE BLVD., SUITE 600 CITY - ST - ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 TITLE DVAT TITLE ☐ Change ☐ Addition ☐ Delete GRAY, LYNNE M-MARKE NAME STREET ADDRESS 1801 HERMITAGE BLVD., SUITE 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 TITLE ☐ Ωalete TITLE ☐ Change ☐ Addition NAME MENEELY, JOHN H NAME STREET ADDRESS STREET ADDRESS 801 Warrenville Rd., Ste. 600 CITY-ST-ZIP CITY-ST-ZIP LISLE IL TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCDONALD, JACK NAME NAME STREET ADORESS 801 WARRENVILLE RD., STE. 600 STREET ADDRESS CITY-ST-ZIP **LISLE IL 60532** CITY - ST - ZIP TITLE ☐ Delete TITLE Chance ☐ Addition ALLISON, CHARLES NAME STREET ADDRESS 801 WARRENVILLE RO., STE. 600 STREET ADDRESS COY-ST-78 CITY-ST-ZIP LISLE IL 60532 I hereby certify that the information supplied with this filling 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 of 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 avacungely with an address, with all other like empowered.

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**FILED**