

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/2

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90404 035 \*\*\*\*61.25

**DOCUMENT # N97000006925**

1. Entity Name

**ABUNDANT LIFE HARVEST INC.**

Principal Place of Business

~~RT. 3 BOX 168~~  
**MONTICELLO FL 32344**

Mailing Address

~~RT. 4 BOX 4029~~  
**MONTICELLO FL 32344**

2. Principal Place of Business

**Spring Field Rd**  
 Suite, Apt. #, etc.

3. Mailing Address

**1682 St. Augustine Rd.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Monticello FL**

City & State

**Monticello FL**

4. FEI Number

**59-3481749**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BAGGETT, EARL W**  
~~RT. 4 BOX 168-A~~  
**MONTICELLO FL 32344**

7. Name and Address of New Registered Agent

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

**Earl Baggett**

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 NAME STREET ADDRESS CITY-ST-ZIP	TD KELLY, KENNETH C RT. 4, BOX 4029 MONTICELLO FL 32344	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOKSEY, BERLENE RT. 5 MONTICELLO FL 32344	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUZBEE, EVELYN H RT. 3 BOX 168 MONTICELLO FL 32344	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAGGETT, EARL RT. 1 BOX 168-A MONTICELLO FL 32344	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jackie Register 271 W. W. Evans Hwy Monticello FL 32344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Berlene Cooksey 4023 W. Capps Hwy Monticello FL 32344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Evelyn H. Buzbee 1682 St. Augustine Rd. Monticello, FL 32344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Earl Baggett 210 Flat Woods Rd Monticello, FL 32344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**Earl Baggett**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02**

Date

Daytime Phone #

CR2E037 (9/01)