

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90040 048 \*\*\*150.00

**DOCUMENT # P00000063446**

1. Entity Name

**LORIDA FEED, INC.**

Principal Place of Business

Mailing Address

**1000 NE 24TH STREET  
 OCKEECHOBEE FL 34972**

**1000 NE 24TH STREET  
 OCKEECHOBEE FL 34972**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**05-1020063**

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

**FARRELL, RICKEY L ESQ  
 1595 SE PORT LUCIE BLVD  
 PORT ST LUCIE FL 34952**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **NIX, NEIL**  
 CITY-ST-ZIP **5090 SOUTH US HWY ONE  
 FORT PIERCE FL 34982**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **HAWK, JAMES C**  
 CITY-ST-ZIP **5090 SOUTH US HWY ONE  
 FORT. PIERCE FL 34982**

TITLE ☒ Change ☒ Addition  
 NAME **VP & D**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **D & P**  
 STREET ADDRESS **Fred J. Faniggi**  
 CITY-ST-ZIP **12399 NE 224th St.  
 Okeechobee, FL 34972**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **D & T**  
 STREET ADDRESS **Maria Faniggi**  
 CITY-ST-ZIP **12399 NE 224th St.  
 Okeechobee, FL 34972**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **S**  
 STREET ADDRESS **Mary V. Nix**  
 CITY-ST-ZIP **1000 NE 24th Ave.  
 Okeechobee, FL 34972**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X Fred J. Faniggi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-14-01**

Date

**863-655-0439**

Daytime Phone #

CR2E034 (10/00)