

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90141 047 ***150.00

0001403 AV

DOCUMENT # P03761

1. Entity Name

LEND LEASE AGRI-BUSINESS, INC.

Principal Place of Business

12747 OLIVE STREET ROAD
ST LOUIS MO 63141
US

Mailing Address

ATTN: GAIL KNIGHT
3424 PEACHTREE RD NE., STE 800
ATLANTA GA 30326
US

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

58-1571529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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, 2002 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

TITLE VPAT
NAME DEGNAN, AMBER B
STREET ADDRESS 3424 PEACHTREE RD NE STE 800
CITY-ST-ZIP ATLANTA GA 30326 ☒ Delete

TITLE PD
NAME HENDERSON, RICHARD E JR
STREET ADDRESS 12747 OLIVE ST RD
CITY-ST-ZIP SAINT LOUIS MO 63141 ☐ Delete

TITLE VPT
NAME GAJDICA, JOHN P
STREET ADDRESS 3424 PEACHTREE RD. NE., STE 800
CITY-ST-ZIP ATLANTA GA 30326 ☒ Delete

TITLE SO
NAME MCKEAN, THOMAS A
STREET ADDRESS 3424 PEACHTREE RD NE STE 800
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

TITLE AS
NAME NEWMARK, DEBBIE J
STREET ADDRESS 3424 PEACHTREE RD. NE., STE 800
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

TITLE D
NAME JOHNSON, GAGE R
STREET ADDRESS 3424 PEACHTREE RD NE STE 800
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VT
NAME MILLS, E. NELSON ☐ Change ☒ Addition
STREET ADDRESS 3424 PEACHTREE RD., NE, STE. 800
CITY-ST-ZIP ATLANTA GA 30326

TITLE V
NAME JOHNSON, BRENT E ☐ Change ☒ Addition
STREET ADDRESS 3424 PEACHTREE RD., NE, STE. 800
CITY-ST-ZIP ATLANTA GA 30326

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

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

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

TITLE D
NAME JOHNSON, GAGE R ☒ Change ☐ Addition
STREET ADDRESS 3424 PEACHTREE RD., NE, STE. 800
CITY-ST-ZIP ATLANTA GA 30326

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:

Debbie J. Newmark

Debbie J. Newmark

02-05-02

404-848-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)