

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90019 023 ****61.25

DOCUMENT # P11783

1. Entity Name

THE KERR CENTER FOR SUSTAINABLE AGRICULTURE, INC

Principal Place of Business

P.O. BOX 588
 POTEAU OK 74953

Mailing Address

P.O. BOX 588
 POTEAU OK 74953

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

73-1256120

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

ADAIR, ROBERT C., JR.
7055 33RD ST
VERO BEACH FL 32966

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ADAIR, ROBERT C., JR.	
STREET ADDRESS	7060 CHERRY LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PMD	<input type="checkbox"/> Delete
NAME	HORNE, JAMES E	
STREET ADDRESS	HWY. 271; S	
CITY-ST-ZIP	POTEAU OK	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ADAIR, KAY E	
STREET ADDRESS	RT. 1	
CITY-ST-ZIP	COYLE OK	
TITLE	T	<input type="checkbox"/> Delete
NAME	WARE, ANN M	
STREET ADDRESS	P O BOX 588 N/A	
CITY-ST-ZIP	POTEAU OK	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHESTER, BARBARA	
STREET ADDRESS	P.O.BOX 588 N/A	
CITY-ST-ZIP	POTEAU OK	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WARE, ANN M	
STREET ADDRESS	P O BOX 588 N/A	
CITY-ST-ZIP	POTEAU OK	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ann Ware **Ann Ware**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-01

918-647-9123

Date

Daytime Phone #

Ann Ware

Ann Ware

CR2E037 (10/00)