

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90136 032 ***150.00

DOCUMENT # P21658

1. Entity Name

UAP/GA AG CHEM, INC.

Principal Place of Business

**ONE CONAGRA DRIVE
CC241
OMAHA NE 68102-2001**

Mailing Address

**ONE CONAGRA DRIVE
CC241
OMAHA NE 68102-5094**

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 **47-0648557**

Applied For
Not Applied

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	COOK, RANDY G	
STREET ADDRESS	8806 SILVERBARK DR	
CITY-ST-ZIP	GERMANTOWN TN 38138	
TITLE	V	<input type="checkbox"/> Delete
NAME	KEITH, DEBRA L	
STREET ADDRESS	2918 BLACKHAWK CIR	
CITY-ST-ZIP	OMAHA NE 68123	
TITLE	ACS	<input type="checkbox"/> Delete
NAME	WITHERS, DAVID G	
STREET ADDRESS	8105 NORTH 40 STREET	
CITY-ST-ZIP	OMAHA NE 68112	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'DONNELL, JAMES P	
STREET ADDRESS	1129 SOUTH 181 PLAZA	
CITY-ST-ZIP	OMAHA NE 68130	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLUE, JAMES C	
STREET ADDRESS	4007 HARBOR WALK LANE	
CITY-ST-ZIP	FT COLLINS CO 80525	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	DIFONZO, KEN	
STREET ADDRESS	16646 HOWARD CIR	
CITY-ST-ZIP	OMAHA NE 68118	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Randy G. Cook	
STREET ADDRESS	7560 Price CT.	
CITY-ST-ZIP	Fort Collins, CO 80528	
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	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James P. O'Donnell	
STREET ADDRESS	1126 South 181st Plaza	
CITY-ST-ZIP	Omaha, NE 68130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jay D. Bolding	
STREET ADDRESS	1625 N. 129th St.	
CITY-ST-ZIP	Omaha, NE 68154	

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: *Debra L. Keith*

Debra L. Keith V-P, Tax

January 17, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #