

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90089 038 \*\*\*150.00

AR

**DOCUMENT # P38590**

1. Entity Name

**MIRACLE FEEDS, INC.**

Principal Place of Business

**120 EAST CLARK ST.  
 FREEPORT IL 61032**

Mailing Address

**120 EAST CLARK ST.  
 FREEPORT IL 61032**

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

**36-1112600**

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

7. Name and Address of New Registered Agent

**CASEY, MICHAEL  
 617 LANCASTER AVE.  
 TRENTON FL 32693**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete  
 NAME **FURST, FRANK E.**  
 STREET ADDRESS **120 EAST CLARK ST.**  
 CITY-ST-ZIP **FREEPORT IL**

TITLE **Director (D)** ☐ Change ☒ Addition  
 NAME **John Grant**  
 STREET ADDRESS **22201 Village Pines Drive**  
 CITY-ST-ZIP **Birmingham, AL 35266**

TITLE **P** ☐ Delete  
 NAME **FURST, MARTHA**  
 STREET ADDRESS **120 EAST CLARK ST.**  
 CITY-ST-ZIP **FREEPORT IL 61032**

TITLE **Director (D)** ☐ Change ☒ Addition  
 NAME **James Lee**  
 STREET ADDRESS **11044 Barbary Circle**  
 CITY-ST-ZIP **Freeport, IL 61032**

TITLE **T** ☐ Delete  
 NAME **GAGEL, TERRY**  
 STREET ADDRESS **120 E CLARK ST**  
 CITY-ST-ZIP **FREEPORT IL 61032**

TITLE **Director (D)** ☐ Change ☒ Addition  
 NAME **James Tronlin**  
 STREET ADDRESS **12356 SW Pembroke Circle N.**  
 CITY-ST-ZIP **Lazy Suzy, FL 34246**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Director (D)** ☐ Change ☒ Addition  
 NAME **Thomas Furst**  
 STREET ADDRESS **9050 High Oak Way**  
 CITY-ST-ZIP **Belvidere, IL 61008**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Director (D)** ☐ Change ☒ Addition  
 NAME **Thomas Rosengren**  
 STREET ADDRESS **1215 Greenleaf**  
 CITY-ST-ZIP **Evanston, IL 60202**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Secretary (S)** ☐ Change ☒ Addition  
 NAME **Matthew Hartman**  
 STREET ADDRESS **730 Brad Mar Dr.**  
 CITY-ST-ZIP **Freeport, IL 61032**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/02**  
 Date

**815-235-4151**  
 Daytime Phone #

CR2E034 (9/01)