## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 26, 2000 8:00 am Secretary of State DOCUMENT # **P93000011744** AGRIMANAGEMENT, INCORPORATED 04-26-2000 90075 045 \*\*\*150.00 Principal Place of Business Mailing Address 545-8 DELANEY AVENUE 545-8 DELANEY AVENUE ORLANDO FL 32801-3866 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3168301 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jessica B. Feazell MIMS, RICHARD R Street Address (P.O. Box Number is Not Acceptable) 545-8 DELANEY AVENUE ORLANDO FL 32801 545 Delaney Avenue, Suite #8 Zip Code 32801-3866 Orlando. Florida 8. The above named entity submits this statement for the purpose of panging its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE Delete TITLE MIMS, RICHARD R NAME NAME 545-8 DELANEY AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 VCD K Change ☐ Addition Delete TITLE NAME KADIS, JACK NAME STREET ADDRESS 454 WARD ST. STREET ADDRESS 131 Huntington Road CITY-ST-ZIP CITY-ST-ZIP NEWTON MA Boston, MA 02135 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BARRY, DAVID A NAME NAME STREET ADDRESS 83 LAZELL ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HINGHAM MA ☐ Delete TITLE Change ☐ Addition TITLE V/S/T FEAZELL, JESSICA B NAME NAME 545-8 DELANEY AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

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