

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-02-2001 90177 042 ***150.00

DOCUMENT # P93000011744

1. Entity Name

AGRIMANAGEMENT, INCORPORATED

Principal Place of Business

**545-8 DELANEY AVENUE
 ORLANDO FL 32801**

Mailing Address

**545-8 DELANEY AVENUE
 ORLANDO FL 32801**

2. Principal Place of Business

378 CenterPointe Circle

3. Mailing Address

P.O. Box 160811

Suite, Apt. #, etc.
Suite 1272

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

4. FEI Number

59-3168301

Applied For

Not Applicable

Zip

32701

Country

Seminole

Zip

32716-0811

Country

Seminole

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

**FEAZELL, JESSICA B
 545 DELANEY AVENUE, SUITE #8
 ORLANDO FL 32801-3866**

Name

No Change: Feazell, Jessica B.

Street Address (P.O. Box Number is Not Acceptable)

378 CenterPointe Circle Suite 1272

City

Altamonte Springs

FL

Zip Code
32701

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

Jessica B Feazell **JESSICA B FEAZELL**

4/26/2001

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, 2001 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **KADIS, JACK**
 CITY-ST-ZIP **131 HUNTINGTON ROAD
 BOSTON MA 02135**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BARRY, DAVID A**
 CITY-ST-ZIP **83 LAZELL ST.
 HINGHAM MA**

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

TITLE ☐ Delete
 NAME **VST**
 STREET ADDRESS **FEAZELL, JESSICA B**
 CITY-ST-ZIP **545-8 DELANEY AVENUE
 ORLANDO FL 32801**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **378 Center Point Circle Ste#1272**
 CITY-ST-ZIP **Altamonte Springs, FL 32701**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jessica B Feazell

4/26/2001

Date

407-261-5420

Daytime Phone #

CR2E034 (10/00)