

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000025767

1. Entity Name
NATURAL ORGANIC PRODUCTS INTERNATIONAL, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90080 050 ***150.00

Principal Place of Business Mailing Address
710 S.ROSSITER STREET P.O.BOX 925
MT.DORA, FL. 32757 MT.DORA, FL. 32757

80068092

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3179612 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
DAN HOHMEISTER
710 S.ROSSITER STREET
MT.DORA, FL. 32757
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

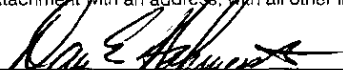
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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. ☐ 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, IVAN	NAME	
STREET ADDRESS	RT. 1 BOX 223 N/A BLOOMFIELD, MO.	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, EVELYN	NAME	
STREET ADDRESS	25742 STATE HWY 25	STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD, MO.	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, JAMES	NAME	
STREET ADDRESS	25742 STATE HWY. 25	STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD, MO.	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS BONNIE	NAME	
STREET ADDRESS	25742 STATE HWY	STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD, MO.	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN GERALD	NAME	
STREET ADDRESS	25742 STATE HWY. 25	STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD, MO.	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN SUE	NAME	
STREET ADDRESS	RT. 1 BOX 223	STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD, MO.	CITY-ST-ZIP	

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:  DAN HOHMEISTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/00 352-383-8252
Date Daytime Phone #

CR2E034 (9/99)