

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000025767

1. Entity Name

NATURAL ORGANIC PRODUCTS INTERNATIONAL, INC.

Principal Place of Business

710 S. ROSSITER STREET
MT. DORA FL 32757
US

Mailing Address

PO BOX 925
MT. DORA FL 32757

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 59-3179612

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Dan Hohmeister
ROGERS, BONNIE
710 S ROSSITER STREET
MT DORA FL 32757

7. Name and Address of New Registered Agent

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)

1/2/01
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

TITLE	VD	<input type="checkbox"/> Delete
NAME	GRIFFIN, IVAN	
STREET ADDRESS	RT 1 BOX 223 N/A	
CITY-ST-ZIP	BLOOMFIELD MO	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRIFFIN, EVELYN	
STREET ADDRESS	25742 STATE HWY 25	
CITY-ST-ZIP	BLOOMFIELD MO	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROGERS, JAMES	
STREET ADDRESS	20849 VISTA VIEW 25742 St. Hwy. 25	
CITY-ST-ZIP	MT. DORA FL Bloomfield, MO.	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROGERS, BONNIE	
STREET ADDRESS	20849 VISTA VIEW 25742 St. Hwy. 25	
CITY-ST-ZIP	MT. DORA FL Bloomfield, MO.	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRIFFIN, GERALD	
STREET ADDRESS	25742 STATE HWY. 25	
CITY-ST-ZIP	BLOOMFIELD MO	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, SUE	
STREET ADDRESS	RT. 1, BOX 223	
CITY-ST-ZIP	BLOOMFIELD MO	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Address
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Address
CITY-ST-ZIP	
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	

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

1/2/01
Date

352-383-8252
Daytime Phone #

0476670

CR2E034 (10/00)