

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90412 012 ***150.00

DOCUMENT # P94000010203

1. Entity Name

R & G SOD FARMS, INC.

Principal Place of Business

15369 COUNTY RD 512
 FELLSMERE FL 32948
 US

Mailing Address

P.O. BOX 869
 LAKE WALES FL 33859
 US

00054589



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17824 79th ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fellsmere, FL.

City & State

4. FEI Number

59-3225278

Applied For

Not Applicable

Zip

Country

32948

Zip

Country

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

**RAFOOL, RAYMOND J II
 RAFOOL & RAFOOL, P.A.
 1519 THIRD ST. SE
 WINTER HAVEN FL 33880**

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, 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 **PD**
 STREET ADDRESS **RESMONDO, GARY L**
 CITY-ST-ZIP **P O BOX 869 N/A**
LAKE WALES FL 33859-0869

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **GRESSINGER, WILLIAM D JR**
 CITY-ST-ZIP **P O BOX 869 N/A**
LAKE WALES FL 33859-0869

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

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **GRESSINGER, WILLIAM D JR**
 CITY-ST-ZIP **P O BOX 869 N/A**
LAKE WALES FL 33859-0869

TITLE ☐ Change ☐ Addition
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 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

GARY L. RESMONDO

4/30/01

863-696-1597

Date

Daytime Phone #

CR2E034 (10/00)