## **2000 UNIFORM BUSINESS REPORT (UBR)**

## Aug 22, 2000 8:00 am Secretary of State DOCUMENT # P96000073471 1. Entity Name FRANKLIN FEED & GRAIN, INC. 08-22-2000 90002 044 \*\*\*550.00 Principal Place of Business Mailing Address 11282 STATE ROAD 471 11282 STATE ROAD 471 WEBSTER FL 33597 WEBSTER FL 33597 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 59-3408995 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANKLIN, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 11282 STATE ROAD 471 WEBSTER FL 33597 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 . FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing 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 TITI F ☐ Change ☐ Addition ☐ Delete TITLE FRANKLIN, JAMES S NAME NAME 1303 NORTH SHORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P LEESBURG FL 34748 ☐ Addition ☐ Change TITLE Delete TITLE FRANKLIN, ROBERT D NAME NAME 2000 SOUTH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-ZIP ☐ Addition Delete TITLE Change FRANKLIN, SHELTON L -NAME NAME 2745 EAST COUNTY ROAD 476 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BUSHNELL FL 33513** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition FRANKLIN, SELBY L NAME 804 FLATWOODS ROAD STREET ADDRESS STREET ADDRESS LEESBURG FL 34748 CITY-ST-ZIP CITY-ST-ZIF Change □ Addit TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete , , TITLES TEST SE ☐ Change TITLE ☐ Addition 3.88.11 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

O. FRANKLIN

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