

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097769

1. Entity Name

CLIFKEEN AGRICULTURAL, INC.

Principal Place of Business

1212 N. 15TH ST
IMMOKALEE FL 34142
US

Mailing Address

P.O. BOX 3265
IMMOKALEE FL 34143-3265
US

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

59-3415442

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

BARFIELD, JAMES E
1212 N. 15TH ST.
IMMOKALEE FL 34142

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

James E. Barfield, Pres.
James E. Barfield

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-19-00

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, 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	PD	<input type="checkbox"/> Delete
NAME	BARFIELD, JAMES E	
STREET ADDRESS	1212 N 15TH ST	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARFIELD, JAMES F	
STREET ADDRESS	1212 N 15TH ST	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BARFIELD, THOMAS W	
STREET ADDRESS	1212 N 15TH ST	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARFIELD, TERESA	
STREET ADDRESS	1212 N 15TH ST	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARFIELD, ALICE E	
STREET ADDRESS	1212 N 15TH ST	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARFIELD, MARY A	
STREET ADDRESS	1212 N. 15TH ST	
CITY-ST-ZIP	IMMOKALEE FL	

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 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 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:

James E. Barfield, Pres.
James E. Barfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

941 6573613

Daytime Phone #

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90274 023 ***150.00



DO NOT WRITE IN THIS SPACE