

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097769

1. Entity Name

CLIFKEEN AGRICULTURAL, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90129 032 \*\*\*150.00

Principal Place of Business

1212 N. 15TH ST  
IMMOKALEE FL 34142  
US

Mailing Address

P.O. BOX 3265  
IMMOKALEE FL 34143  
US

2. Principal Place of Business

3065 Hwy #29 N.  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Immokalee, FL

City & State

Zip

34142

Country

U.S.A

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3065 Hwy #29 N

City

Immokalee

FL

Zip Code

34142

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

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 checked="" 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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cross Road	
STREET ADDRESS	Felde, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3065 Hwy 29 N.	
STREET ADDRESS	Immokalee, FL	
CITY-ST-ZIP	34142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	560 Foxcreek Drive	
STREET ADDRESS	Lehigh Acres, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	560 Foxcreek Drive	
STREET ADDRESS	Lehigh Acres, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3065 Hwy 29 N.	
STREET ADDRESS	Immokalee, FL	
CITY-ST-ZIP	34142	

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

4/25/01

Date

(941) 657-3613

Daytime Phone #

CR2E034 (10/00)