

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90110 010 ***150.00

DOCUMENT # P96000097769

1. Entity Name
CLIFKEEN AGRICULTURAL, INC.

Principal Place of Business

**3065 HWY 29 N
IMMOKALEE FL 34142
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

3065 State Rd 29N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Immokalee FL

4. FEI Number **59-3415442**

Applied For
Not Applicable

Zip

Country

Zip

Country

34142 USA

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
3065 HWY 29 N
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

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, 2002 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 BARAFIELD, JAMES E**
STREET ADDRESS **1212 N 15TH ST**
CITY-ST-ZIP **FELDA FL**

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

TITLE ☐ Delete
NAME **VD BARFIELD, JAMES F**
STREET ADDRESS **3065 HWY 29N**
CITY-ST-ZIP **IMMOKALEE FL 34142**

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

TITLE ☐ Delete
NAME **STD BARFIELD, THOMAS W**
STREET ADDRESS **560 FOXCREEK DRIVE**
CITY-ST-ZIP **LEHIGH ACRES FL**

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

TITLE ☐ Delete
NAME **D BARFIELD, ALICE E**
STREET ADDRESS **560 FOXCREEK DRIVE**
CITY-ST-ZIP **LEHIGH ACRES FL**

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

TITLE ☐ Delete
NAME **D BARFIELD, MARY A**
STREET ADDRESS **3065 HWY 29 N**
CITY-ST-ZIP **IMMOKALEE FL 34142**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/01

(941) 6573613

CR2E034 (9/01)