

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**  
 05-23-2001 90211 001 \*1,500.00

**DOCUMENT # P97000101542**

1. Entity Name

**SUSTAINABLE AGRICULTURAL PRODUCTS, INC.**



Principal Place of Business

5411 ST. HELENA RD.  
 LAKE WALES FL 33853

Mailing Address

PO BOX 888  
 BRANDON FL 33509-0888

4813



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3585777**

Applied For

Not Applicable

Zip

Country

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

**TOMPKINS, HOWARD C II**  
**1706 SOUTH KINGS AVE**  
**BRANDON FL 33511**

Name

**H. CHRISTOPHER TOMPKINS, II**

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

*H. Christopher Tompkins, II*

*4/30/2001*

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          | VPD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | CALDWELL, ERNEST W    |  |
| STREET ADDRESS | 5411 ST. HELENA RD.   |  |
| CITY-ST-ZIP    | LAKE WALES FL 33853   |  |
| TITLE          | VD                    | <input type="checkbox"/> Delete            |
| NAME           | TOMPKINS, HOWARD C II |  |
| STREET ADDRESS | 1706 SOUTH KINGS AVE  |  |
| CITY-ST-ZIP    | BRANDON FL 33511-6216 |  |
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | FORD, TIM             |  |
| STREET ADDRESS | 5411 ST. HELENA RD.   |  |
| CITY-ST-ZIP    | LAKE WALES FL 33853   |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | JOHNSON, BILLY        |  |
| STREET ADDRESS | 5411 ST. HELENA RD.   |  |
| CITY-ST-ZIP    | LAKE WALES FL 33853   |  |
| TITLE          | ST                    | <input checked="" type="checkbox"/> Delete |
| NAME           | JOHNSON, BRITTANY F   |  |
| STREET ADDRESS | 5411 ST. HELENA RD.   |  |
| CITY-ST-ZIP    | LAKE WALES FL 33853   |  |
| TITLE          | P                     | <input type="checkbox"/> Delete            |
| NAME           | FORD, TOM             |  |
| STREET ADDRESS | 5411 ST. HELENA ROAD  |  |
| CITY-ST-ZIP    | LAKE WALES FL 33853   |  |

|                |                             |   |
|----------------|-----------------------------|---|
| 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           | H. CHRISTOPHER TOMPKINS, II |   |
| 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:

*H. Christopher Tompkins, II*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/2001*

Date

Daytime Phone #

813.685.7564 Ext. 1#

CR2E034 (10/00)