

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90023 021 ***158.75

DOCUMENT # P98000045599

1. Entity Name
ALICO MINING, INC.

Principal Place of Business

**4500 EXECUTIVE DR
 STE 300
 NAPLES FL 34119
 US**

Mailing Address

**4500 EXECUTIVE DR
 STE 300
 NAPLES FL 34119
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5672 STRAND COURT

Suite, Apt. #, etc.

SUITE #1

City & State

NAPLES FLORIDA

Zip

34110

Country

USA

3. Mailing Address

5672 STRAND COURT

Suite, Apt. #, etc.

SUITE #1

City & State

NAPLES FL

Zip

34110

Country

USA

4. FEI Number **59-3517185**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.
 4501 TAMiami TRAIL NORTH, SUITE 300
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

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

City

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, 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 checked="" type="checkbox"/> Delete
NAME	ROLFES, RICHARD	
STREET ADDRESS	1016 GRAND ISLE DR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARDY, ROBERT S	
STREET ADDRESS	10641 AIRPORT RD N #32	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KELLY, JANET	
STREET ADDRESS	4500 EXECUTIVE DR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, ROBERT S.	
STREET ADDRESS	5692 STRAND COURT #3	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JANET	
STREET ADDRESS	5672 STRAND COURT #1	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT PAUL HARDY	
STREET ADDRESS	5692 STRAND COURT #1	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT PAUL HARDY	
STREET ADDRESS	5692 STRAND COURT #1	
CITY-ST-ZIP	NAPLES FL 34110	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANET KELLY TREASURER

3/6/01 (941) 597-9888

Date

Daytime Phone #

CR2E034 (10/00)