2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # \$05463 Apr 11, 2000 8:00 am Secretary of State AGRI-GATORS, INC. 04-11-2000 90045 005 ***150.00 Principal Place of Business Mailing Address **2849 LUST RD** 2849 LUST RD APOPKA FL 32703-9559 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3039037 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LONG, WILLIAM D Street Address (P.O. Box Number is Not Acceptable) **2849 LUST RD** APOPKA FL 32703 Zip Code <u>e purpose of changing its registered office or registered agent, or both, in the State of Florida.</u> 8. The above named entity submits **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Delete TITLE TITLE NAME HILL. DAVID M NAME STREET ADDRESS STREET ADDRESS 2820 NEIL RD. CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 ☐ Change Addition ☐ Delete TITLE TITLE NAME LONG, WILLIAM D JR. NAME STREET ADDRESS 1630 BALMY BEACH STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP APOPKA FL 32703 ☐ Delete ☐ Change Addition NAME HILL, LISA L NAME STREET ADDRESS 2820 NEIL RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 Delete ☐ Change ☐ Addition SCOTT, FRANK D III NAME STREET ADDRESS STREET ADDRESS 28121 TAMMI DR. CITY-ST-ZIP TAVARES FL 32798 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.