2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with ap a

SIGNATURE AND

SIGNATURE:

dress, with all other like empowered.

FILED DOCUMENT # \$20635 Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** FLORIDA AGRI MANAGEMENT COMPANY 03-01-2000 90071 020 ***150.00 Principal Place of Business Mailing Address 23351 N. RIVER ROAD 23351 N. RIVER ROAD ALVA FL 33920 ALVA FL 33920-3362 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0236929 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEALE, JOSEPH E., JR. Street Address (P.O. Box Number is Not Acceptable) 1671 THUMB POINT DRIVE FT PIERCE FL 34949 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **VPSD** ☐ Change ☐ Addition Delete TITLE TITLE BROWN, EDGAR A. NAME NAME 13939 INDRIO RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT PIERCE FL CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE BEALE, JOSEPH E., JR. NAME NAME 1671 THUMB POINT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT PIERCE FL 34949 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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