

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006854

1. Entity Name

FARMLAND RESERVE, INC.

Principal Place of Business

50 E NORTH TRIMPLE STREET  
2WW  
SALT LAKE CITY UT 84150

Mailing Address

50 E N TEMPLE ST  
2WW  
SALT LAKE CITY UT 84150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE FL 32301

4. FEI Number

87-0569880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE CP  
NAME CREER, JOHN W  
STREET ADDRESS 50 EAST NORTH TEMPLE  
CITY-ST-ZIP SALT LAKE CITY UT 84150 ☐ Delete

TITLE V  
NAME COWAN, ROBERT L  
STREET ADDRESS 50 EAST NORTH TEMPLE  
CITY-ST-ZIP SALT LAKE CITY UT 84150 ☒ Delete

TITLE AA  
NAME KEETCH, VON G  
STREET ADDRESS 60 EAST SOUTH TEMPLE # 1800  
CITY-ST-ZIP SALT LAKE CITY UT 84150 ☐ Delete

TITLE ST  
NAME RUECKERT, THOMAS G  
STREET ADDRESS 50 EAST NORTH TEMPLE  
CITY-ST-ZIP SALT LAKE CITY UT 84150 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE V  
NAME Karl F. Keeler  
STREET ADDRESS 50 East North Temple  
CITY-ST-ZIP Salt Lake City, UT 84150 ☐ Change ☒ Addition

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/10/02

(801) 328-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

1138

FILED  
Feb 01, 2002 8:00 am  
Secretary of State

02-01-2002 90041 040 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE