2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 07, 2002 8:00 am Secretary of State **DOCUMENT # 736338** 1. Entity Name THE FLORIDA FUTURE FARMERS OF AMERICA FOUNDATION 03-07-2002 90052 025 ****61.25 , INCORPORATED Principal Place of Business Mailing Address 5000 FIRETOWER ROAD 5000 FIRETOWER ROAD HAINES CITY FL 33844 HAINES CITY FL 33844 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1747341 Not Applicable \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name ~ Street Address (P.O. Box Number is Not Acceptable) BARTLEY, GARY G **5000 FIRETOWER ROAD** HAINES CITY FL 33844 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 **Department of State** Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITI F ☐ Defete TITLE BRONSON, DONALD NAME NAME RT 1 BOX 150-H STREET ADDRESS STREET ADDRESS CLERMONT FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE PARRISH, HERSCHEL JR. NAME NAME 311 VALENCIA SHORES DR STREET ADDRESS STREET ADDRESS WINTER GARDEN FL CITY-ST-ZIP CITY-ST-ZIP **SI**---≈----Change Addition TITLE Delete TITLE BARTLEY, GARY NAME **5000 FIRETOWER ROAD** STREET ADDRESS STREET ADDRESS HAINES CITY FL 33844 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

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

Attachment #736338

332476

Gilbert Bowen
President
Bowen Brothers, Inc.
P O Box 1876
Dundee, FL 33838
Phone: 863/439-5617

Donald Bronson
Bronson Ranch
Route 1, Box 150-H
Clermont, FL 32711
Phone: 863/984-1062

Theo Bryant
Manager
Heart of Florida Greenhouses, Inc.
7555 Crewsville Road
Zolfo Springs, FL 33890
Phone: 800/226-4079

Shirley Carte
Florida FFA Alumni Association
16788 148th Street
Live Oak, FL 32060
Phone: 386-776-1324

Belinda Chason
State Supervisor, Ag Science Education
Department of Education
325 W. Gaines St., Room 714
Tallahassee, FL 32399
Phone: 850/488-0406

Gerald Driggers
Division Manager
Gold Kist Poultry
P O Drawer 1000
Live Oak, FL 32060
Phone: 904-362-2544

J. J. Grow Products & Markets Manager UAP Florida 410 Ware Blvd., Suite 800 Tampa, FL 33619 Phone: 813/621-4433 Ron T. Hall
Leader, Land Use/Mapping/Surveying
IMC-Agrico Company
P O Box 2000
Mulberry, FL 33860-1100
Phone: (863)428-2721

William E. Hamm
President
William E. Hamm and Associates, Inc.
4707 140th Avenue N, Suite 104
Clearwater, FL 33762
Phone: 800/211-5999

President/CEO
Farm Credit of Central Florida
P.O. Box 8009
Lakeland, FL 33802
Phone: 863/682-4117

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332476

Frank Kapocsi, III
Business Development Director of Meat
Publix Super Markets, Inc.
P O Box 407
Lakeland, FL 33802
Phone: 863/688-7407 x 3539

7)

John Larson Vice President Larson Dairy, Inc. P O Box 1242 Okeechobee, FL 34972 Phone: 863/763-7330

Leah Lauderdale
Manager, Public Affairs
Farmland Hydro, LP
Post Office Box 960
Bartow, FL 33831-0960
Phone: (863)519-1362

Rick Lott
CEO, President
ZENO Office Solutions, Inc.
1206 North "A" Street

Tampa, FL 33606 Phone: 813/253-0318

Bob Luther
Area Manager
Georgia-Pacific Corporation
1048 Old Cutler Road
Lake Wales, FL 33853
Phone: 863/676-7178

Michael F. Millikin

Director, Vocational, Adult & Community
Columbia County School Board
523 West St. Johns Street
Lake City, FL 32025
Phone: 386/755-8190

Jeff Miller
Representative
United States House of Representatives
4300 Bayou Blvd. Suite 17C
Pensacola, FL 32503
Phone: 850-479-1183

Ed Osborne
Professor and Chair
Ag Ed and Communication Dept.
P O Box 110540
Gainesville, FL 32611
Phone: 352/392-0502

D Herschel Parrish, Jr.
Vice President
Bank of Central Florida
105 E. Robinson Street
Orlando, FL 32801
Phone: 407/422-0707

Nobert Philpot
Williston Senior FFA
Williston High School
427 West Noble Avenue
Williston, FL 32696
Phone: 352/528-4094

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332476

Andy Rackley
Director of Corporate Affairs
U S Sugar Corporation
P O Drawer 1207
Clewiston, FL 33440
Phone: 863/902-2809

Steven Raney
Market President
Bank of America
P O Box 31590
Tampa, FL 33631
Phone: 813-225-8634

Robert Raulerson
2207 S. Gallagher Road
Dover, FL 33527
Phone: 813/689-3715

Susan Thayer
President
Maxijet, Inc.
P O Box 1849
Dundee, FL 33838

Phone: 863/439-3667

Amanda Thomas
State FFA President
Florida FFA Association
21825 Northwest 29th Terrace
Brooker, FL 32622
Phone: 352/485-1364

Kelly Varnes
Executive Secretary
Florida FFA Association
P O Box 141570
Gainesville, FL 32614
Phone: 352/378-0060

Ron Wetherington
Wetherington Farms
2015 S. Wooten Road
Dover, FL 33527

Phone: (813) 659-1442