

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90060 025 ****61.25

DOCUMENT # 738564

1. Entity Name

THE FLORIDA GRAPE GROWERS ASSOCIATION, INC.

Principal Place of Business

215 N. 1ST STREET
 LAKE WALES FL 33853

Mailing Address

215 N. 1ST STREET
 LAKE WALES FL 33853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1745951

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COX, GARY
1709 PEDRICK RD
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name

Bob Paulish

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

331 Lewis Road

City

Lithia

FL

Zip Code
33547

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

Bob Paulish

2/1/2001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
 NAME **TRUEBLOOD, FELICITY**
 STREET ADDRESS **BOX 62**
 CITY-ST-ZIP **MELROSE FL 32666**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **GOWIE, GEORGE**
 STREET ADDRESS **215 N 1ST ST**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **COX, GARY**
 STREET ADDRESS **215 N 1ST ST**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** Change Addition
 NAME **Gary Cox**
 STREET ADDRESS **1709 Pedrick Rd.**
 CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **TD** Delete
 NAME **PAULISH, BOB**
 STREET ADDRESS **331 LEWIS RD**
 CITY-ST-ZIP **LITHIA FL 33547**

TITLE **P** Change Addition
 NAME **Bob Paulish**
 STREET ADDRESS **331 Lewis Road**
 CITY-ST-ZIP **Lithia, FL 33547**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Bob Paulish

2/1/01

813-533-8692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)