

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

UBR2419

02-18-2002 90143 026 ****61.25

DOCUMENT # 738564

1. Entity Name

THE FLORIDA GRAPE GROWERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**215 N. 1ST STREET
 LAKE WALES FL 33853**

**215 N. 1ST STREET
 LAKE WALES FL 33853**

2. Principal Place of Business

3. Mailing Address

343 W. Central Ave.
 Suite, Apt. #, etc.

343 W. Central Ave.
 Suite, Apt. #, etc.

Unit # 1

Unit # 1

City & State

City & State

Lake Wales, FL

Lake Wales, FL

Zip

Country

Zip

Country

33853

USA

33853

USA

4. FEI Number

59-1745951

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAULISH, BOB
 331 LEWIS ROAD
 LITHIA FL 33547**

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

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 **CHARLES COX VD** Change Addition
 NAME **CHARLES COX VD**
 STREET ADDRESS **7 LAKESHORE DRIVE**
 CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

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

TITLE **JAMES HANGER SD** Change Addition
 NAME **JAMES HANGER SD**
 STREET ADDRESS **4525 EAGLES NEST RD**
 CITY-ST-ZIP **FRUITLAND, FL 34731**

TITLE **PD** Delete
 NAME **COX, GARY**
 STREET ADDRESS **1709 PEDRICK ROAD**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **JD** Change Addition
 NAME **JOHANNE LAUCHMAN**
 STREET ADDRESS **100 SELMA WAY**
 CITY-ST-ZIP **LAKE PLACID, FL 33852**

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

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

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:

SIGNATURE REQUIRED

1/25/02

(813)633-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)