

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90103 006 ****61.25

DOCUMENT # 791043

1. Entity Name

FLORIDA TOMATO EXCHANGE

Principal Place of Business

4401 E. COLONIAL DR.
 ORLANDO FL 32803
 US

Mailing Address

P.O. BOX 140635
 ORLANDO FL 32814
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1564849

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

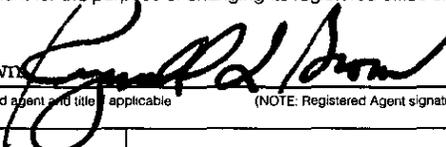
HAWKINS, WAYNE
4401 EAST COLONIAL DRIVE
ORLANDO FL 32814

7. Name and Address of New Registered Agent

Name **Reginald L. Brown**
 Street Address (P.O. Box Number is Not Acceptable)
4401 E. Colonial Drive
Suite 2A
 City **Orlando** **FL** Zip Code **32803**

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 **Reginald L. Brown**



08/28/00

Signature, typed or printed name of registered agent and title applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 **P** Delete
 NAME **TAYLOR, JAY**
 STREET ADDRESS **932 5TH AVE**
 CITY-ST-ZIP **PALMETTO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MCCLURE, DAN**
 STREET ADDRESS **P.O. BOX 963 (NA)**
 CITY-ST-ZIP **PALMETTO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **HAGAN, MARSHALL**
 STREET ADDRESS **21150 S.W. 167TH AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **EV** Delete
 NAME **HAWKINS, WAYNE**
 STREET ADDRESS **4401 E COLONIAL DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **NEILL, DAVID**
 STREET ADDRESS **2709 MCNEILL RD.**
 CITY-ST-ZIP **FT. PIERCE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **MURRAH, DAVID**
 STREET ADDRESS **212 JEROME DR.**
 CITY-ST-ZIP **IMMOKALEE FL 33934**

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: **Reginald L. Brown**

08/28/00

407-89463071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)