

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 791134

1. Entity Name

FLORIDA COUNCIL OF COOPERATIVES

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90863 038 \*\*\*\*61.25

Principal Place of Business

1485 50TH COURT  
 VERO BEACH FL 32966  
 US

Mailing Address

1485 50TH COURT  
 VERO BEACH FL 32966-2364  
 US

2. Principal Place of Business

7000 WAVERLY ROAD  
 Suite, Apt. #, etc.

3. Mailing Address

7000 WAVERLY ROAD  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WAVERLY, FL 33877

City & State

WAVERLY, FL

4. FEI Number

59-1775969

Applied For

Not Applicable

Zip

33877

Country

US

Zip

33877

Country

US

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HANSEN, N. PERRY  
 7000 WAVERLY ROAD  
 WAVERLY FL 33877

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	D	<input type="checkbox"/> Delete
NAME	HANSEN, N. PERRY	
STREET ADDRESS	7000 WAVERLY ROAD	
CITY-ST-ZIP	WAVERLY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SANDERS, CHARLES M.	
STREET ADDRESS	1485 50TH COURT	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WEEKS, SAM	
STREET ADDRESS	HIGHWAY 90 WEST	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLTON, MICHAEL	
STREET ADDRESS	302 S. MASSACHUSETTS AVENUE	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, BOBBY	
STREET ADDRESS	4925 SOUTHWEST 19TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	BROWN, REGGIE	
STREET ADDRESS	EAST COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, PERRY	
STREET ADDRESS	7000 WAVERLY ROAD	
CITY-ST-ZIP	WAVERLY, FL 33877	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, CHARLES M	
STREET ADDRESS	1485 50TH COURT	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, JIMMY V.	
STREET ADDRESS	330 N. BREVARD AVENUE	
CITY-ST-ZIP	ARCADIA, FL 34266-4502	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE, TODD	
STREET ADDRESS	HIGHWAY 90 WEST	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERNODLE, DAVID	
STREET ADDRESS	HESCO STATE RD. 540	
CITY-ST-ZIP	WAVERLY, FL 33877	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, D. REID	
STREET ADDRESS	P/O GOLDEN GEM, HWY 19 NORTH	
CITY-ST-ZIP	UMATILLA, FL 327849	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES M. SANDERS 4/28/00 561-770-4685

Date

Daytime Phone #

CR2E037 (9/99)