

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91158 043 ****61.25

0093030

DOCUMENT # 791134

1. Entity Name

FLORIDA COUNCIL OF COOPERATIVES

Principal Place of Business

Mailing Address

7000 WAVERLY ROAD
 WAVERLY FL 33877
 US

7000 WAVERLY ROAD
 WAVERLY FL 33877
 US

553705



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1775969

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HANSEN, N. PERRY
7000 WAVERLY ROAD
WAVERLY FL 33877

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	D	<input type="checkbox"/> Delete
NAME	HANSEN, N. PERRY	
STREET ADDRESS	7000 WAVERLY ROAD	
CITY-ST-ZIP	WAVERLY FL	
TITLE	PD	<input checked="" 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 checked="" 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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Kernodle	
STREET ADDRESS	5916 GR 540E.	
CITY-ST-ZIP	Waverly, FL 33877	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jimmy V. Knight	
STREET ADDRESS	330 N. Brevard Av	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Reid Scott	
STREET ADDRESS	4010 East Ridge Rd	
CITY-ST-ZIP	Fruitland Park, FL 34731	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/01

863 4540500

CR2E037 (10/00)