

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90046 016 ****61.25

706235



DO NOT WRITE IN THIS SPACE

DOCUMENT # N32521

1. Entity Name

FLORIDA CERTIFIED ORGANIC GROWERS & CONSUMERS, I

Principal Place of Business

Mailing Address

4055 NW 43RD ST.
 STE 26
 GAINESVILLE FL 32606

PO BOX 12311
 GAINESVILLE FL 32604-0311

2. Principal Place of Business

1810 NW 6th St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite F

City & State

Gainesville, FL

City & State

4. FEI Number

59-3006664

Applied For

Not Applicable

Zip

Country

Zip

Country

32609

USA

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

MESH, MARTY
 4055 NW 43RD STREET
 STE 26
 GAINESVILLE FL 32606

Name

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

1810 NW 6th St

Suite F

City

Gainesville

FL

Zip Code

32609

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

Marty Mesh Marty Mesh Exec Director

1/19/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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 **S** ☐ Delete
 NAME **BRIGGS, JIM**
 STREET ADDRESS **6855 GREENSWAMP RD.**
 CITY-ST-ZIP **CLERMONT FL**

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Bill Good**
 CITY-ST-ZIP **PO BOX 96**
Yalaha, FL 34797

TITLE **D** ☐ Delete
 NAME **DIRNBERGER, BILL**
 STREET ADDRESS **18900 SW 304TH ST**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **V.P.** ☒ Change ☐ Addition
 NAME **Eddy Daniel**
 STREET ADDRESS **1710 Palm Circle**
 CITY-ST-ZIP **Lake City, FL 32055**

TITLE **VP** ☒ Delete
 NAME **STETTNER, CHRIS**
 STREET ADDRESS **834 101 GRADES ROAD**
 CITY-ST-ZIP **POLK CITY FL 33868**

TITLE **P** ☐ Delete
 NAME **STEWART, LYNN**
 STREET ADDRESS **1548 SW ADDISON AVE.**
 CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **ED** ☐ Delete
 NAME **MESH, MARTY**
 STREET ADDRESS **2211 NW 49TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **John Durkin**
 CITY-ST-ZIP **PO Box 1133**
Arcadia, FL 34235

TITLE **D** ☐ Delete
 NAME **PISCHER, BILL**
 STREET ADDRESS **4180 47TH STREET**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **John Durkin**
 CITY-ST-ZIP **PO Box 1133**
Arcadia, FL 34235

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:

Marty Mesh REMARTY Mesh

1/19/00

352 3776345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)