

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N96000000975**

1. Entity Name

**GROWN IN THE USA COALITION, INC.**

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90264 027 \*\*\*\*61.25

Principal Place of Business <b>4401 EAST COLONIAL DRIVE ORLANDO FL 32803</b>	Mailing Address <b>POST OFFICE BOX 140155 ORLANDO FL 32814-0155</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip <b>32803</b>	Country	Zip	Country

4. FEI Number <b>59-3418839</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**STUART, MICHAEL J**  
**4401 EAST COLONIAL DRIVE**  
**ORLANDO FL 32803**

**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 \_\_\_\_\_ (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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>STUART, MICHAEL J</b>
STREET ADDRESS	<b>4401 EAST COLONIAL DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32814</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BUTLER, SCOTTIE J</b>
STREET ADDRESS	<b>5700 SW 34TH STREET</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32614-7030</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WHITE, LEONARD E</b>
STREET ADDRESS	<b>310 SOUTHEAST FIRST STREET STE 1</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33483</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KIRBY, TOM</b>
STREET ADDRESS	<b>1850 OLD DIXIE HIGHWAY</b>
CITY-ST-ZIP	<b>HOMESTEAD FL 33033</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, J L</b>
STREET ADDRESS	<b>1451 WEST CYPRESS CREEK ROAD STE 211</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309-1953</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	
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	
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 to an address, with all other like empowered.

**SIGNATURE:** *Michael J Stuart*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-00**  
 Date

Daytime Phone #

CF2E037 (9/99)