2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State
08-31-2000 90101 035 ****61.25

A0074666

DO NOT WRITE IN THIS SPACE

DOCUMENT # U00033

1. Entity Name

FLORIDA TOMATO GROWERS EXCHANGE INC.

Principal Place of Business	Mailing Address
4401 E. COLONIAL DR. ORLANDO FL 32803	P.O. BOX 140635 ORLANDO FL 32814-0635

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

4. FEI Number 59-2935725 — Applied For / Not Applicable

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
HAWKINS, WAYNE 4401 EAST COLONIAL DRIVE ORLANDO FL 32803	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 — 8/28/00
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
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	TITLE	☐ Change ☐ Addition
NAME	MURRAH, DAVID	NAME	
STREET ADDRESS	212 JEROME DRIVE	STREET ADDRESS	
CITY-ST-ZIP	IMMOKALLEE FL 34143	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCCLURE, DAN	NAME	
STREET ADDRESS	530 5TH AVE. DRIVE W.	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HARLLEE, PETER J	NAME	
STREET ADDRESS	2308 HWY. 301 N.	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LIPMAN LARRY	NAME	
STREET ADDRESS	315 N. NEW MARKET RD.	STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL 33934	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NEILL, DAVID	NAME	
STREET ADDRESS	2709 MCNEILL ROAD	STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	CITY-ST-ZIP	
TITLE	EVP ☒ Delete	TITLE	EVP ☒ Change ☐ Addition
NAME	HAWKINS, WAYNE CARROLL	NAME	Brown, Reginald L
STREET ADDRESS	4401 E COLONIAL DR,	STREET ADDRESS	4401 E. Colonial Drive
CITY-ST-ZIP	ORLANDO FL 32814-0635	CITY-ST-ZIP	Orlando, FL 32803

CR2E037 (5/00)

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 all other like empowered.

SIGNATURE: Reginald L. Brown — 08/28/00 — 407-894-3071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #