# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 20, 2001 8:00 am**
**Secretary of State**
01-20-2001 90083 046 ****61.25

0027248

DOCUMENT # U00033

1. Entity Name

FLORIDA TOMATO GROWERS EXCHANGE INC.

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

D00033J3

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 / 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 |
|---|---|
| BROWN, REGINALD L<br>4401 EAST COLONIAL DRIVE<br>STE 2A<br>ORLANDO FL 32803 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Reginald L. Brown, Exec. Vice-Pre 01/04/01
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 | P ☒ Delete | TITLE | P ☐ Change ☒ Addition |
| NAME | MURRAH, DAVID | NAME | Neill, David |
| STREET ADDRESS | 212 JEROME DRIVE | STREET ADDRESS | 2709 McNeill Road |
| CITY-ST-ZIP | IMMOKALLEE FL 34143 | CITY-ST-ZIP | Ft. Pierce, FL |
| 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 | T ☐ Change ☒ Addition |
| NAME | NEILL, DAVID | NAME | Grainger, James |
| STREET ADDRESS | 2709 MCNEILL ROAD | STREET ADDRESS | 10009 Clubhouse Drive |
| CITY-ST-ZIP | FT. PIERCE FL | CITY-ST-ZIP | Bradenton, FL 34202 |
| TITLE | EVP ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | BROWN, REGINALD L | NAME | |
| STREET ADDRESS | 4401 E COLONIAL DR, | STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32803 | CITY-ST-ZIP | |

CR2E037 (10/00)

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 an address, with all other like empowered.

SIGNATURE: Reginald L. Brown, EVP SIGNATURE REQUIRED 1/4/01 (407)894-3071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #