

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# U00033

FILED
Jan 18, 2002 8:00 AM
Secretary of State

Entity Name: FLORIDA TOMATO GROWERS EXCHANGE INC.

Current Principal Place of Business:

4401 E. COLONIAL DR.
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 140635
ORLANDO, FL 328140635

New Mailing Address:

FEI Number: 59-2935725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, REGINALD L
4401 EAST COLONIAL DRIVE
STE 2A
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEILL, DAVID
Address: 2709 MCDEILL ROAD
City-St-Zip: FT. PIERCE, FL

Title: VP () Delete
Name: MCCLURE, DAN
Address: 530 5TH AVE. DRIVE W.
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: HARLLEE, PETER J
Address: 2308 HWY. 301 N.
City-St-Zip: PALMETTO, FL 34221

Title: SD () Delete
Name: LIPMAN LARRY,
Address: 315 N. NEW MARKET RD.
City-St-Zip: IMMOKALEE, FL 33934

Title: T () Delete
Name: GRAINGER, JAMES
Address: 10009 CLUBHOUSE DRIVE
City-St-Zip: BRADENTON, FL 34202

Title: EVP () Delete
Name: BROWN, REGINALD L
Address: 4401 E COLONIAL DR,
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REGINALD L. BROWN

EVP

01/18/2002

Electronic Signature of Signing Officer or Director

_____ Date