

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790825

1. Entity Name

SUGAR CANE GROWERS COOPERATIVE OF FLORIDA

Principal Place of Business

Mailing Address

C/O JOHN W GRAY
BOX 666 . WEST SUGARHOUSE ROAD
BELLE GLADE FL 33430

C/O JOHN W GRAY
BOX 666 . WEST SUGARHOUSE ROAD
BELLE GLADE FL 33430-0666

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

59-0936222

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WARD, JEFFREY J.
WEST SUGARHOUSE ROAD
BOX 666
BELLE GLADE FL 33430

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

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

TITLE VP ☐ Delete
NAME KRAMER, WILLIAM L.
STREET ADDRESS 15485 ENSTROM ROAD
CITY-ST-ZIP WELLINGTON FL

TITLE STD. ☐ Delete
NAME KAUTZ, WALTER J
STREET ADDRESS 4148 OTTAWA LANE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE VD ☐ Delete
NAME APELGREN, ROBERT D
STREET ADDRESS 505 GREENWAY DR
CITY-ST-ZIP N PALM BEACH FL

TITLE PD ☐ Delete
NAME WEDGWORTH, GEORGE H
STREET ADDRESS PALM BEACH RD
CITY-ST-ZIP BELLE GLADE FL

TITLE VD ☐ Delete
NAME STEIN, FRITZ, JR.
STREET ADDRESS 1800 NW AVE D
CITY-ST-ZIP BELLE GLADE FL

TITLE AST ☐ Delete
NAME GRAY, JOHN W.
STREET ADDRESS 13704 BARBERRY DR.
CITY-ST-ZIP WEST PALM BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 with an address, with all other like empowered.

SIGNATURE:

John W. Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/00

561-996-4742

Date

Daytime Phone #