

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 803879**

1. Entity Name

UNITED STATES SUGAR CORPORATION**FILED**
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90044 001 ***150.00

Principal Place of Business

Mailing Address

C/O JOHN T. MCCALLUM
P.O. BOX 1207
CLEWISTON FL 33440C/O JOHN T. MCCALLUM
P.O. BOX 1207
CLEWISTON FL 33440-1207

2. Principal Place of Business

C/O STEPHEN V. COFFMAN

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

C/O STEPHEN V. COFFMAN

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0490750

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

COFFMAN, STEPHEN V
111 PONCE DE LEON AVENUE
CLEWISTON FL 33440

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PCE FAIRBANKS, J. NELSON 111 PONCE DE LEON AVE. CLEWISTON FL	<input type="checkbox"/>		<input type="checkbox"/>
TAS COFFMAN, STEPHEN V 111 PONCE DE LEON AVE. CLEWISTON FL	<input type="checkbox"/>		<input type="checkbox"/>
VS BUKER, ROBERT H. JR. 111 PONCE DE LEON AVE. CLEWISTON FL	<input type="checkbox"/>		<input type="checkbox"/>
EV TERRILL, JAMES E. 111 PONCE DE LEON AVE. CLEWISTON FL	<input type="checkbox"/>		<input type="checkbox"/>
V GRACE, JERRY W 111 PONCE DE LEON AVE. CLEWISTON FL	<input checked="" type="checkbox"/>	V WADE, MALCOLM S., JR. 111 PONCE DE LEON AVE. CLEWISTON, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CAST WINE, ELLEN H 111 PONCE DE LEON AVE. CLEWISTON FL	<input type="checkbox"/>		<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN V. COFFMAN

3/6/2000

Date

(863) 983-8121

Daytime Phone #

CR 1:034 19/99