2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 791134

1. Entity Name

FLORIDA COUNCIL OF COOPERATIVES

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90863 038 ****61.25

Principal Place of Business	Mailing Address
1485 50TH COURT VERO BEACH FL 32966 US	1485 50TH COURT VERO BEACH FL 32966-2364 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7000 WAVERLY ROAD	7000 WAVERLY ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WAVERLY, FL 33877	City & State: WAVERLY, FL
Zip: 33877 Country: US	Zip: 33877 Country: US

4. FEI Number: 59-1775969 ☐ 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
HANSEN, N. PERRY 7000 WAVERLY ROAD WAVERLY FL 33877	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANSEN, N. PERRY 7000 WAVERLY ROAD WAVERLY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D HANSEN, PERRY 7000 WAVERLY ROAD WAVERLY, FL 33877	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SANDERS, CHARLES M. 1485 50TH COURT VERO BEACH FL 32966	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDERS, CHARLES M 1485 50TH COURT VERO BEACH, FL 32966	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WEEKS, SAM HIGHWAY 90 WEST LIVE OAK FL 32060	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D KNIGHT, JIMMY V. 330 N. BREVARD AVENUE ARCADIA, FL 34266-4502	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARLTON, MICHAEL 302 S. MASSACHUSETTS AVENUE LAKELAND FL 33802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWRENCE, TODD HIGHWAY 90 WEST LIVE OAK, FL 32060	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNETT, BOBBY 4925 SOUTHWEST 19TH STREET GAINESVILLE FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D KERNODLE, DAVID HESCO, STATE RD. 540 WAVERLY, FL 33877	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD BROWN, REGGIE EAST COLONIAL DRIVE ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D SCOTT, D. REID C/O GOLDEN GEM, HWY 19 NORTH ZEMATILLA, FL 32784-9	☒ Change ☐ Addition

CR2E037 (9/99)

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: Charles M. Sanders CHARLES M. SANDERS 4/28/00 561-770-4685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #