

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000542

1. Entity Name

P & M GROWERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business

251-A ROYAL PALM WAY, SUITE 300
PALM BEACH FL 33480-4319

Mailing Address

251-A ROYAL PALM WAY, SUITE 300
PALM BEACH FL 33480-4355



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1400 Centrepark Blvd

3. Mailing Address

1400 Centrepark Blvd

Suite, Apt. #, etc.

6th FL

Suite, Apt. #, etc.

6th FL

City & State

West Palm Bch FL

City & State

West Palm Bch FL

4. FEI Number

65-0392570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RHODES, PAUL

251-A ROYAL PALM WAY, SUITE 300
PALM BEACH FL 33480-4319

7. Name and Address of New Registered Agent

Name

Paul Rhodes

Street Address (P.O. Box Number is Not Acceptable)

1400 Centrepark Blvd

City

West Palm Bch

FL

Zip Code

33401

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

4-27-00

9. Capital Contributions
as Shown on record.

\$1,350,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,244,385

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME RHODES, PAUL
STREET ADDRESS 251-A ROYAL PALM WAY, SUITE 300
CITY - ST - ZIP PALM BEACH FL 33480-4319

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STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1400 Centrepark Blvd 6th FL

CITY - ST - ZIP

West Palm Bch FL 33401

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Paul Rhodes

Date

4-27-00

Daytime Phone #

561-659-5400