

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91158 043 ****61.25

00303030

DOCUMENT # 791134

1. Entity Name

FLORIDA COUNCIL OF COOPERATIVES

Principal Place of Business

**7000 WAVERLY ROAD
 WAVERLY FL 33877
 US**

Mailing Address

**7000 WAVERLY ROAD
 WAVERLY FL 33877
 US**

553705



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

**HANSEN, N. PERRY
 7000 WAVERLY ROAD
 WAVERLY FL 33877**

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 | D | <input type="checkbox"/> Delete |
| NAME | HANSEN, N. PERRY | |
| STREET ADDRESS | 7000 WAVERLY ROAD | |
| CITY-ST-ZIP | WAVERLY FL | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | SANDERS, CHARLES M. | |
| STREET ADDRESS | 1485 50TH COURT | |
| CITY-ST-ZIP | VERO BEACH FL 32966 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | WEEKS, SAM | |
| STREET ADDRESS | HIGHWAY 90 WEST | |
| CITY-ST-ZIP | LIVE OAK FL 32060 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CARLTON, MICHAEL | |
| STREET ADDRESS | 302 S. MASSACHUSETTS AVENUE | |
| CITY-ST-ZIP | LAKELAND FL 33802 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BENNETT, BOBBY | |
| STREET ADDRESS | 4925 SOUTHWEST 19TH STREET | |
| CITY-ST-ZIP | GAINESVILLE FL 32608 | |
| TITLE | BOD | <input type="checkbox"/> Delete |
| NAME | BROWN, REGGIE | |
| STREET ADDRESS | EAST COLONIAL DRIVE | |
| CITY-ST-ZIP | ORLANDO FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | David Kernodle | |
| STREET ADDRESS | 5916 SR 540E. | |
| CITY-ST-ZIP | Waverly, FL 33877 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Jimmy V. Knight | |
| STREET ADDRESS | 330 N. Brevard Av | |
| CITY-ST-ZIP | Aradia, FL 34266 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D. Scott Reid Scott | |
| STREET ADDRESS | 4010 Eagle Ridge Rd | |
| CITY-ST-ZIP | Fruitland Park, FL 34731 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/01

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CR2E037 (10/00)