

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 790268**

1. Entity Name

**WINTER GARDEN CITRUS GROWERS ASSOCIATION****FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90134 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**P O BOX 69**  
**75 2ND ST.**  
**WINTER GARDEN FL 34777-0069**  
**34787****PO BOX 770069**  
**WINTER GARDEN FL 34777-0069**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-0514415**

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

**FISCHER, EVERETTE H**  
**131 E MAGNOLIA ST.**  
**WINDERMERE FL 32786**  
**34786**

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 **D** ☐ Delete  
NAME **LUFF, JOHN**  
STREET ADDRESS **2512 WATERVIEW PLACE**  
CITY-ST-ZIP **WINDERMERE FL 34786**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **STD** ☐ Delete  
NAME **FISCHER, EVERETTE H**  
STREET ADDRESS **131 MAGNOLIA ST.**  
CITY-ST-ZIP **WINDERMERE FL 34786**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **FISCHER, OLIN**  
STREET ADDRESS **11339 WINDERMERE ROAD**  
CITY-ST-ZIP **WINDERMERE FL 34786**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PD** ☐ Delete  
NAME **BEKEMEYER, STEPHEN**  
STREET ADDRESS **STATE ROAD 535**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **CROOKER, C J**  
STREET ADDRESS **136 DOWN COURT**  
CITY-ST-ZIP **WINDERMERE FL 34786**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VPD** ☐ Delete  
NAME **DAVIS, W.C.**  
STREET ADDRESS **2849 JOHIO SHORES DRIVE**  
CITY-ST-ZIP **ORLANDO FL**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: *Signature of Registered Agent*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/02

407-65654423

Date

Daytime Phone #

CR2E037 (9/01)



Attachment

Doc# 710668

726584

Addition:

D

Hartzog, William D.

11315 Cypress Drive

Clermont, Florida 34711