**FILED** 

## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 790825

L	JNIFORM BUSINE	SS REPOR	T (UBF	3)	Ja	n 13, 20	003 8:0	00 an	J §	
DOCUMENT # 790825  1. Entity Name  SUGAR CANE GROWERS COOPERATIVE OF FLORIDA					Secretary of State 01-13-2003 90430 049 ****70.00					
Principal P	Place of Business	Mailian Address		O WE !						
C/O JOHN BOX 666 .		Mailing Address C/O JOHN W GRAY BOX 666 . WEST SUGAF BELLE GLADE FL 33430	RHOUSE ROAD			-				
2. Principa	al Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & S	tate	City & State							_	
Zip				<u>.                                    </u>	4. FEI Number 5	9-0936222	<del></del>	Applied For Not Applicable		
210	Country	Zip	Country		5. Certificate of St.	atus Desired [	\$8.75 A Fee Requi	dditional		
<del></del>	6. Name and Address of Current R	egistered Agent			7. Name and Add	ress of New Regis			1	
WARD,	JEFFREY J.		Name	• 						
WEST SUGARHOUSE ROAD BOX 666			Street	Street Address (P.O. Box Number is Not Acceptable)						
	GLADE FL 33430 44	í	City		·				-   	
8. The above	1 '	Stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept								
- the obliga	ations of registered agent.	ne purpose of changing its	registered office	or registered	agent, or both, in t	he State of Florida.	I am familiar with	, and accept	-	
2									1	
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOT	E: Registered Agent sign	Totalia romina di il				<del></del>		
					nen reinstating)		DATE			
FILE NOW: FEE IS \$61.25		9. Election Can Trust Fund C	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Make Check Payable to Florida Department of State				
10.	OFFICERS AND DIRECT	CTORS	11.	AD	DITIONS/CHANGE	S TO OFFICERS AN	ID DIRECTORS IN	110		
TITLE NAME	KRAMER, WILLIAM L.	☐ Delete	TITLE				☐ Change	Addition	Q ,	
STREET ADDRESS			NAME STREET ADDRESS				·— •		(10/02)	
CITY-ST-ZIP	WELLINGTON FL		CITY-ST-ZIP						37 (	
TITLE	STD	☑ Delete	TITLE	<del>                                     </del>		<del></del>		<b></b>	CR2E037	
NAME STREET ADDRESS	KAUTZ, WALTER J 4148 OTTAWA LANE		NAME	Statem only	Free management of the contract of the contrac		Change ب	☐ Addition	ნ .	
CITY-ST-ZIP	ORMOND BEACH FL 32174		STREET ADDRESS			` <del>-</del>				
TITLE	PD PD		CITY-ST-ZIP	ļ	······································					
NAME	WEDGWORTH, GEORGE H	☐ Delete	. TITLE NAME				☐ Change	☐ Addition		
STREET ADDRESS	PALM BEACH RD		STREET ADDRESS							
CITY-ST-ZIP	BELLE GLADE FL		CITY-ST-ZIP							
TITLE NAME	VD	Delete	TITLE	VSTD				Addition		
STREET ADDRESS	Stein, Fritz, Jr.   1800 NW Ave D		NAME	STEIN,	FRITZ, JR	. •	(A) Griange	L Addition		
CITY-ST-ZIP	BELLE GLADE FL		STREET ADDRESS CITY-ST-ZIP	1800 N	W AVE D					
TITLE	AST	☐ Delete	·	BELLE	GLADE, FL	33430				
NAME	GRAY, JOHN W.	□ Delete	TITLE NAME				☐ Change	Addition		
STREET ADDRESS	13704 BARBERRY DR.		STREET ADDRESS				١.			
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition		

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 changed, or on an attachment with an address, with all other kee empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

01/03/03

561-996-4742