

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 004242

1. Entity Name

SEALD-SWEET GROWERS, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90131 028 \*\*\*150.00

Principal Place of Business

Mailing Address

1991 74TH AVENUE  
P.O. BOX 690152  
VERO BEACH FL 32969-0152  
US

1991 74TH AVENUE  
P.O. BOX 690152  
VERO BEACH FL 32969-0152  
US

00003323



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0245960**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**BAER, KENNETH A**  
**1991 74TH AVENUE**  
**VERO BEACH FL 32966**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **EDWARDS, RONALD**  
STREET ADDRESS **536 POINT LANE**  
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ Change ☒ Addition  
NAME **Director**  
STREET ADDRESS **Sexton, Robert G**  
CITY-ST-ZIP **4650 17th Street SW**  
**Vero Beach, FL**

TITLE **D** ☐ Delete  
NAME **FISCHER, EVERETTE**  
STREET ADDRESS **131 MAGNOLIA STREET**  
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Change ☒ Addition  
NAME **Director**  
STREET ADDRESS **Hunt III, Frank M.**  
CITY-ST-ZIP **803 N Lakeshore Blvd**  
**Lake Wales, FL 33853**

TITLE **D** ☐ Delete  
NAME **FORT, RICHARD A JR**  
STREET ADDRESS **500 N.E. 5TH STREET**  
CITY-ST-ZIP **FORT MEADE FL 33841**

TITLE ☐ Change ☒ Addition  
NAME **Director, President**  
STREET ADDRESS **John Luther**  
CITY-ST-ZIP **555 Highway 1A**  
**Vero Beach, FL 32963**

TITLE **D** ☐ Delete  
NAME **GATES, PHILIP C SR**  
STREET ADDRESS **2323 SOUTH INDIAN RIVER DRIVE**  
CITY-ST-ZIP **FT. PIERCE FL 34950**

TITLE ☐ Change ☒ Addition  
NAME **Director**  
STREET ADDRESS **Percy, James L**  
CITY-ST-ZIP **1102 Paseo Avenue**  
**Ft Pierce, FL 34982**

TITLE **D** ☐ Delete  
NAME **GRIFFIN, BEN H III**  
STREET ADDRESS **700 SOUTH ALTERNATE HIGHWAY 27**  
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE ☐ Change ☒ Addition  
NAME **Director**  
STREET ADDRESS **Brantley, J. Schirard**  
CITY-ST-ZIP **1108 Trinidad Avenue**  
**Ft Pierce, FL 34982**

TITLE **D** ☐ Delete  
NAME **HAMNER, GEORGE F JR**  
STREET ADDRESS **995 SANDFLY LANE**  
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Change ☒ Addition  
NAME **Director**  
STREET ADDRESS **Schumacher, Charles R**  
CITY-ST-ZIP **523 Pear St Sebring, FL 33870**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Yen... REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/5/2000** **561-569-2244**  
**EXT. 154**

CR2F034 (9/99)