

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-19-2000 90131 028 ***150.00

DOCUMENT # 004242

1. Entity Name

SEALD-SWEET GROWERS, INC.

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	<input type="checkbox"/> Delete
NAME	EDWARDS, RONALD	
STREET ADDRESS	536 POINT LANE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISCHER, EVERETTE	
STREET ADDRESS	131 MAGNOLIA STREET	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORT, RICHARD A JR	
STREET ADDRESS	500 N.E. 5TH STREET	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	D	<input type="checkbox"/> Delete
NAME	GATES, PHILIP C SR	
STREET ADDRESS	2323 SOUTH INDIAN RIVER DRIVE	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, BEN H III	
STREET ADDRESS	700 SOUTH ALTERNATE HIGHWAY 27	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMNER, GEORGE F JR	
STREET ADDRESS	995 SANDFLY LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sexton, Robert G	
STREET ADDRESS	4650 17th Street SW	
CITY-ST-ZIP	Vero Beach, FL	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hunt III, Frank M.	
STREET ADDRESS	803 N Lakeshore Blvd	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	Director, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Luther	
STREET ADDRESS	555 Highway A1A	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Percy, James L.	
STREET ADDRESS	1102 Paseo Avenue	
CITY-ST-ZIP	Ft Pierce, FL 34982	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brantley, J. Schirard	
STREET ADDRESS	1108 Trinidad Avenue	
CITY-ST-ZIP	Ft Pierce, FL 34982	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schumacher, Charles R	
STREET ADDRESS	523 Pear St	
CITY-ST-ZIP	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:

Ken Baer
VERO BEACH REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000

Date

EXT. 154

561-569-2244

Daytime Phone #

CR2F034 (9/99)