

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 504394

1. Entity Name

FERN GROWERS WHOLESALE SUPPLY, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90175 026 ***150.00

Principal Place of Business

Mailing Address

~~407 S CENTER ST~~
P O BOX 666
PIERSON FL 32180-0666

~~407 S CENTER ST~~
P O BOX 666
PIERSON FL 32180-0666

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1674842**

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

JONES, SCOTT
407 S CENTER ST
PIERSON FL 32180

Name

Street Address (P.O. Box Number is Not Acceptable)

415 E. Washington ST

City **PIERSON**

FL

Zip Code

32180

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, 2001 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 ☐ Delete
NAME PD
STREET ADDRESS JONES, SCOTT
CITY-ST-ZIP 415 E. WASHINGTON ST.
PIERSON FL 32180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DV
STREET ADDRESS HAGSTROM, RAIFORD G JR
CITY-ST-ZIP 135 E. THIRD AVE.
PIERSON FL 32180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DST
STREET ADDRESS LAWRENCE, JAMES R
CITY-ST-ZIP 824 REYNOLDS RD.
DELEON SPRINGS FL 32130

TITLE ☒ Change ☐ Addition
NAME D.T.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS SHUMAN, JACK H
CITY-ST-ZIP 6119 LAKE WINONA RD.
DELEON SPRINGS FL 32130

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS Jacqueline M. Selby
CITY-ST-ZIP 399 Paradise Drive
DeLand, FL 32720

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01 904-749-2083
Date Daytime Phone #

CR2E034 (10/00)