

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 674479

1. Entity Name

FLORIDA GROWERS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90838 001 ***450.00

Principal Place of Business

Mailing Address

22305 S.W. 157 AVE.
GOULDS FL 33170

22305 S.W. 157 AVE.
GOULDS FL 33170-4005

2. Principal Place of Business

13701 S.W. 2405
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 8
Suite, Apt. #, etc.

City & State
Princeton

Zip
33032

Country
Dade

City & State
Goulds, FL

Zip
33170

Country
Dade

4. FEI Number 59-2112249

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

KENDALL, PETER H.J.
22305 S.W. 157 AVE.
GOULDS FL 33170

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 _____ (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 PD
NAME KENDALL, PETER H. J.
STREET ADDRESS 22305 S.W. 157 AVE
CITY-ST-ZIP GOULDS FL

TITLE
NAME
STREET ADDRESS 22305 S.W. 157 Ave
CITY-ST-ZIP GOULDS, FL

TITLE VD
NAME KENDALL, LINDA L.
STREET ADDRESS 22305 S.W. 157 AVE.
CITY-ST-ZIP GOULDS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 all other like empowered.

SIGNATURE: Peter Kendall 4-17-00 305-258-1131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)