

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 702172**

1. Entity Name

**FLORIDA DAIRY PRODUCTS ASSOCIATION, INC.**

Principal Place of Business

2558 CAPITAL MEDICAL BLVD  
SUITE B  
TALLAHASSEE FL 32308  
US

Mailing Address

2558 CAPITAL MEDICAL BLVD  
SUITE B  
TALLAHASSEE FL 32308-4424  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**BOOSINGER, JAY**  
**2053 TAYLOR ROAD**  
**TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

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

**1-27-00****FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BOOSINGER, JAY</b>	
STREET ADDRESS	<b>2558-B CAPITAL MEDICAL BLVD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MONROE, JEFF</b>	
STREET ADDRESS	<b>402 S. KENTUCKY AVE, SUITE 500</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOLSTON, MARK</b>	
STREET ADDRESS	<b>3000 N.W. 123RD STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33167</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, GENE R</b>	
STREET ADDRESS	<b>5050 EDGEWOOD COURT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32254</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YOUNG, TED D.</b>	
STREET ADDRESS	<b>3304 SYDNEY RD.</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CORYN, EDWARD J.</b>	
STREET ADDRESS	<b>3020 46TH AVENUE NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33714</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ed Coryn</b>	
STREET ADDRESS	<b>3020 46th Avenue, North</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33714</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ken Fregeau</b>	
STREET ADDRESS	<b>5400 118th Avenue, N.</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33760</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b>	
STREET ADDRESS	<b>James Bassett</b>	
CITY-ST-ZIP	<b>2197 S. Byron Butler Parkway</b>	
	<b>Perry, FL 32347</b>	

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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00

850/878-3447

Date

Daytime Phone #