

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90097 013 \*\*\*\*61.25

000121

**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  
 US

00014039



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

**59-0841805**

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

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

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)

**1/29/01**

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
 NAME BOOSINGER, JAY  
 STREET ADDRESS 2558-B CAPITAL MEDICAL BLVD  
 CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE C ☒ Delete  
 NAME CORYN, ED  
 STREET ADDRESS 3020 46TH AVE N  
 CITY-ST-ZIP SAINT PETERSBURG FL 33714

TITLE ☒ Change ☐ Addition  
 NAME Mark Holston  
 STREET ADDRESS 3000 NW 123rd Street  
 CITY-ST-ZIP Miami, FL 33167

TITLE T ☒ Delete  
 NAME FREGEAU, KEN  
 STREET ADDRESS 5400 118TH AVE N  
 CITY-ST-ZIP CLEARWATER FL 33760

TITLE ☒ Change ☐ Addition  
 NAME Tommy Hamm  
 STREET ADDRESS Post Office Box 741126  
 CITY-ST-ZIP Orange City, FL 32774-1126

TITLE D ☒ Delete  
 NAME SMITH, GENE R  
 STREET ADDRESS 5050 EDGEWOOD COURT  
 CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE ☒ Change ☐ Addition  
 NAME Jim Green  
 STREET ADDRESS 402 S. Kentucky Ave., Suite 500  
 CITY-ST-ZIP Lakeland, FL 33801

TITLE D ☒ Delete  
 NAME YOUNG, TED D.  
 STREET ADDRESS 3304 SYDNEY RD.  
 CITY-ST-ZIP PLANT CITY FL

TITLE ☒ Change ☐ Addition  
 NAME Brad Tiller  
 STREET ADDRESS Post Office Box 5088  
 CITY-ST-ZIP Tampa, FL 33675-5088

TITLE D ☐ Delete  
 NAME BASSETT, JAMES  
 STREET ADDRESS 2197 S BYRON BUTLER PKWY  
 CITY-ST-ZIP PERRY FL 32347

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

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:

*Jay Boosinger*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/29/01 850/878-3447**  
 Date Daytime Phone #

CR2E037 (10/00)