

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90001 037 ****61.25

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**

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

59-0841805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



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)

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 **HOLSTON, MARK**
 STREET ADDRESS **3000 NW 123RD STREET**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE **C** ☒ Change ☐ Addition
 NAME **Ken Fregeau**
 STREET ADDRESS **Good Humor/Breyers**
 CITY-ST-ZIP **5400 118th Ave., North**

TITLE **T** ☒ Delete
 NAME **HAMM, TOMMY**
 STREET ADDRESS **PO BOX 741126**
 CITY-ST-ZIP **ORANGE CITY FL 32774-1126**

TITLE **T** ☒ Change ☐ Addition
 NAME **Terry Smoak**
 STREET ADDRESS **Superbrand Dairy Products**
 CITY-ST-ZIP **Plant City, FL 33567**

TITLE **D** ☐ Delete
 NAME **GREEN, JIM**
 STREET ADDRESS **402 SOUTH KENTUCKY AVENUE SUITE 500**
 CITY-ST-ZIP **LAKELAND FL 33801**

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

TITLE **D** ☐ Delete
 NAME **TILLER, BRAD**
 STREET ADDRESS **PO BOX 5088**
 CITY-ST-ZIP **TAMPA FL 33675-5088**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)