

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90070 028 \*\*\*\*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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **C** ☒ Delete  
NAME **FREGEAU, KEN**  
STREET ADDRESS **GOOD HUMOR/BREYER 5400 118TH AVE N**  
CITY-ST-ZIP **CLEARWATER FL 33760-4315**

TITLE **T** ☒ Delete  
NAME **SMOAK, TERRY**  
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 **D** ☒ Delete  
NAME **TILLER, BRAD**  
STREET ADDRESS **PO 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**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **C** ☒ Change ☐ Addition  
NAME **Rhett Flanders**  
STREET ADDRESS **McArthur Dairy, Inc., 6851 N.E.**  
CITY-ST-ZIP **2nd Ave., Miami, FL 33138**

TITLE **T** ☒ Change ☐ Addition  
NAME **Brad Tiller, Tiller Foods, Inc.**  
STREET ADDRESS **P. O. Box 5088, Tampa, FL 33675**

TITLE **D** ☒ Change ☐ Addition  
NAME **Ken Fregeau**  
STREET ADDRESS **Good Humor/Breyers Ice Cream, 5400**  
CITY-ST-ZIP **118th Ave., N. Clearwater, FL 33760**

TITLE **D** ☒ Change ☐ Addition  
NAME **Ed Coryn, Dairy Mix, Inc.**  
STREET ADDRESS **3020 46th Avenue, N**  
CITY-ST-ZIP **St. Petersburg, FL 33714**

TITLE **D** ☒ Change ☐ Addition  
NAME **Jerry Reilly, Reilly Dairy &**  
STREET ADDRESS **Food Co., Inc., P. O. Box 19217**  
CITY-ST-ZIP **Tampa, FL 33686**

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**

**Jay Boosinger 1-10-03 850/878-3447**

CR2E037 (10/02)