

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90146 022 \*\*\*\*61.25

**DOCUMENT # 741425**

1. Entity Name

**FLORIDA CITRUS PROCESSORS FOR GOOD GOVERNMENT, I  
 NC.**

Principal Place of Business

Mailing Address

**490 THIRD STREET NW  
 P. O. BOX 2869  
 WINTER HAVEN FL 33881-3401**

**490 THIRD STREET NW  
 P. O. BOX 2869  
 WINTER HAVEN FL 33881-3401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1804878**

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

**HATH, LISA YOUNG  
 935 SOUTH OAK AVENUE  
 BARTOW FL 33830**

Name **Lisa Young Rath**

Street Address (P.O. Box Number is Not Acceptable)

**490 3rd St NW**

City **Winter Haven**

**FL**

Zip Code  
**33881**

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]* **LISA YOUNG RATH**

(NOTE: Registered Agent signature required when reinstating)

**4.29.02**  
 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 **PD** ☒ Delete  
 NAME **NELSON JR., J.F.**  
 STREET ADDRESS **HIGHWAY 19**  
 CITY-ST-ZIP **UMATILLA FL**

TITLE **PD** ☐ Change ☒ Addition  
 NAME **Hugh Thompson**  
 STREET ADDRESS **602 McKean St.**  
 CITY-ST-ZIP **Auburndale, FL 33823**

TITLE **D** ☐ Delete  
 NAME **FERRARI, W J**  
 STREET ADDRESS **1001 13TH AVE E**  
 CITY-ST-ZIP **BRADENTON FL**

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

TITLE **D** ☐ Delete  
 NAME **BECKER, R. WILLIAM**  
 STREET ADDRESS **4104 N.W. HIGHWAY 72**  
 CITY-ST-ZIP **FT PIERCE FL 34979**

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

TITLE **ST** ☐ Delete  
 NAME **RATH, LISA YOUNG**  
 STREET ADDRESS **909 LAKE OTIS DR N**  
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

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

TITLE **D** ☐ Delete  
 NAME **TOMLIN, L R**  
 STREET ADDRESS **3355 9TH ST**  
 CITY-ST-ZIP **WINTER GARDEN FL 34777**

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

TITLE **D** ☐ Delete  
 NAME **BEHR, ROBERT M**  
 STREET ADDRESS **650 US HWY 27 NORTH**  
 CITY-ST-ZIP **LAKE WALES FL 33859**

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]* **LISA YOUNG RATH**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)