

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 741425

FILED
Apr 28, 2003
Secretary of State

Entity Name: FLORIDA CITRUS PROCESSORS FOR GOOD GOVERNMENT, INC.

Current Principal Place of Business:

490 THIRD STREET NW
P. O. BOX 2869
WINTER HAVEN, FL 338813401

New Principal Place of Business:

Current Mailing Address:

490 THIRD STREET NW
P. O. BOX 2869
WINTER HAVEN, FL 338813401

New Mailing Address:

FEI Number: 59-1804878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RATH, LISA YOUNG
490 3RD ST NW
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUGH, THOMPSON
Address: 602 MCKEAN ST.
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: FERRARI, W J
Address: 1001 13TH AVE E
City-St-Zip: BRADENTON, FL

Title: D () Delete
Name: BECKER, R. WILLIAM
Address: 4104 N.W. HIGHWAY 72
City-St-Zip: FT PIERCE, FL 34979

Title: ST () Delete
Name: RATH, LISA YOUNG
Address: 909 LAKE OTIS DR N
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: TOMLIN, L R
Address: 3355 9TH ST
City-St-Zip: WINTER GARDEN, FL 34777

Title: D () Delete
Name: BEHR, ROBERT M
Address: 650 US HWY 27 NORTH
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA YOUNG RATH

ST

04/28/2003

Electronic Signature of Signing Officer or Director

_____ Date