

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90079 005 ****61.25

DOCUMENT # 745464

1. Entity Name

PALM BEACH WHOLESALE GROWERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13121 N. MILITARY TRAIL
 DELRAY BEACH FL 33484
 US

13121 N. MILITARY TRAIL
 DELRAY BEACH FL 33484-1107
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 740137

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boynton Beach, FL

4. FEI Number

59-1886632

Applied For

Not Applicable

Zip

Country

Zip

Country

33474

US

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

FROELICH, JOHN F CPA
12773 W FOREST HILL BLVD
STE 1201
WELLINGTON FL 33414

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	<input checked="" type="checkbox"/> Delete
NAME	MUNTZ, PATRICK	
STREET ADDRESS	5275 STEINER RD	
CITY-ST-ZIP	BOYNTON BCH FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORD, PAT	
STREET ADDRESS	8400 96 CT SOUTH	
CITY-ST-ZIP	BOYNTON BCH FL 33437	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CALIBERTI, JOE	
STREET ADDRESS	3604 C RD	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STEWART, SUE	
STREET ADDRESS	8289 W BOYNTON BEACH BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BOYD, WILLIAM	
STREET ADDRESS	7677 S MILITARY TR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCDUGALD, JEFF	
STREET ADDRESS	14068 SMITH SUNDY RD	
CITY-ST-ZIP	DELRAY BCH FL 33446	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Celiberti, JOE	
STREET ADDRESS	3604 C RD,	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	Murray, Richard D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5275 Steiner Rd,	
STREET ADDRESS	Boynton Beach, FL 33436	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosacker, Patrick	
STREET ADDRESS	855 N. 62nd. Dr.,	
CITY-ST-ZIP	West Palm Beach, FL 33413	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McDougal, JEFF	
STREET ADDRESS	14068 Smith Sundry Rd	
CITY-ST-ZIP	DeLray Beach, FL 33446	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ciplone, JOE	
STREET ADDRESS	5075 95th AVE S.	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See Attached	
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)(f), 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 #

Signature

4-4-00

561-967-5869

CR2E037 (9/99)