

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745464

1. Entity Name

PALM BEACH WHOLESALE GROWERS ASSOCIATION, INC.

Principal Place of Business

13121 N. MILITARY TRAIL  
DELRAY BEACH FL 33484  
US

Mailing Address

P.O. BOX 740137  
BOYNTON BEACH FL 33474  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 ☐ Delete  
NAME CELIBERTI, JOE  
STREET ADDRESS 3604 C RD  
CITY-ST-ZIP LOXAHATCHEE FL 33470

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

TITLE D ☐ Delete  
NAME MURRAY, RICHARD  
STREET ADDRESS 5275 STEINER RD  
CITY-ST-ZIP BOYNTON BEACH FL 33436

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

TITLE VD ☐ Delete  
NAME ROSACKER, PATRICK  
STREET ADDRESS 855 N 62ND DR  
CITY-ST-ZIP WEST PALM BEACH FL 33413

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

TITLE SD ☐ Delete  
NAME STEWART-SUE  
STREET ADDRESS 8289 W BOYNTON BEACH BLVD  
CITY-ST-ZIP BOYNTON BEACH FL

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

TITLE T ☐ Delete  
NAME CIRLONE, JOE  
STREET ADDRESS 5075 95TH AVE S  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☒ Change ☐ Addition  
NAME CIALONE, JOE  
STREET ADDRESS 5075 95TH AVE S  
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE VD ☐ Delete  
NAME MCDUGALD, JEFF  
STREET ADDRESS 14068 SMITH SUNDY RD  
CITY-ST-ZIP DELRAY BCH FL 33446

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 Required*

5-9-01

561-967-5869

FILED  
May 17, 2001 8:00 am  
Secretary of State

05-17-2001 91355 023 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)