## 2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 07, 2002 8:00 am Secretary of State DOCUMENT # **745464** 1. Entity Name PALM BEACH WHOLESALE GROWERS ASSOCIATION, INC. 05-07-2002 90258 025 \*\*\*\*61.25 Principal Place of Business Mailing Address 13121 N. MILITARY TRAIL P.O. BOX 740137 **DELRAY BEACH FL 33484 BOYNTON BEACH FL 33474** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1886632 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FROEHLICH, JOHN F CPA 12773 W FOREST HILL BLVD STE 1201 City Zip Code **WELLINGTON FL 33414** 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE MUNTZ, PAT 🗶 Delete TITLE Change ☐ Addition CELIBERTI, JOE 12191 Broadlast Court NAME NAME STREET ADDRESS 3604 C RD STREET ADDRESS wellington, Fi 33414 CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHEE FL 33470 D ☐ Defete TITLE ☐ Change ☐ Addition SAme MURRAY, RICHARD NAME STREET ADDRESS STREET ADDRESS 5275 STEINER RD CITY-ST-7IP **BOYNTON BEACH FL 33436** TITLE. Delete . muliently Doceth \_\_\_\_ Change TITLE 9821 HARPY HOLDWRD DOLLAY BEOCK FE 33 NAME ROSACKER, PATRICK NAME STREET ADDRESS STREET ADDRESS 855 N 62ND DR CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33413 SD TITLE ☐ Delete STEEL SELEC TITLE ☐ Change ☐ Addition NAME STEWART, SUE NAME SAMR STREET ADDRESS 8289 W BOYNTON BEACH BLVD STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME CIALONE, JOE NAME SAME STREET ADDRESS 5075 95TH AVE S STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKE WORTH FL 33461 TITLE **☒** Delete ☐ Change Battaglini, marr ☐ Addition MCDOUGALD, JEFF NAME NAME STREET ADDRESS 14068 SMITH SUNDY RD STREET ADDRESS Boywhen Beach, FL 33437

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

CITY-ST-ZIP

SIGNATURE:

**DELRAY BCH FL 33446** 

CITY-ST-ZIP

Lata a CO RILIU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR