

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90258 025 ****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

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

4. FEI Number

59-1886632

Applied For

Not Applicable

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

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	CELIBERTI, JOE	
STREET ADDRESS	3604 C RD	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, RICHARD	
STREET ADDRESS	5275 STEINER RD	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROSACKER, PATRICK	
STREET ADDRESS	855 N 62ND DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
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 type="checkbox"/> Delete
NAME	CIALONE, JOE	
STREET ADDRESS	5075 95TH AVE S	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCDUGALD, JEFF	
STREET ADDRESS	14068 SMITH SUNDY RD	
CITY-ST-ZIP	DELRAY BCH FL 33446	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNTZ, PAT	
STREET ADDRESS	12191 Broadleaf Court,	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mulvihill, Joseph	
STREET ADDRESS	9821 Happy Hollow Rd	
CITY-ST-ZIP	DeLray Beach, FL 33446	
TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Battaglini, Marc	
STREET ADDRESS	8325 J State Rd. 7	
CITY-ST-ZIP	Boynton Beach, FL 33437	

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 of Pat Muntz

3-19-02

561-791-4588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)