


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90155 022 \*\*\*\*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

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**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MUNTZ, PAT</b>	
STREET ADDRESS	<b>12191 BROODLEAF COURT</b>	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MURRAY, RICHARD</b>	
STREET ADDRESS	<b>5275 STEINER RD</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MULVEHILL, JOSEPH</b>	
STREET ADDRESS	<b>9821 HAPPY HOLLOW RD</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEWART, SUE</b>	
STREET ADDRESS	<b>8289 W BOYNTON BEACH BLVD</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CIALONE, JOE</b>	
STREET ADDRESS	<b>5075 95TH AVE S</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BALTAGLINI, MARC</b>	
STREET ADDRESS	<b>8325 STATE ROAD 7</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>1st VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PATRICK ROSACKER</b>	
STREET ADDRESS	<b>PO BOX 540939</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL</b>	
TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVID MURRAY</b>	
STREET ADDRESS	<b>4595 125th Ave B</b>	
CITY-ST-ZIP	<b>WELLINGTON, FL</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARK FRIEDRICH</b>	
STREET ADDRESS	<b>12839 25th St. N</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL</b>	

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**      1-7-03      561-967-5899

CR2E037 (10/02)