

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

**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

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

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
Florida 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, PAT	
STREET ADDRESS	12191 BROODLEAF COURT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, RICHARD	
STREET ADDRESS	5275 STEINER RD	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MULVEHILL, JOSEPH	
STREET ADDRESS	9821 HAPPY HOLLOW RD	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	SD	<input checked="" 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	BALTAGLINI, MARC	
STREET ADDRESS	8325 STATE ROAD 7	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

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

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)