

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790013

1. Entity Name

HASTINGS POTATO GROWERS ASSOCIATION

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90064 049 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
 N. BLVD. & ASHLAND AVENUE      N. BLVD. & ASHLAND AVENUE  
 P.O. BOX 758      P.O. BOX 758  
 HASTINGS FL 32145      HASTINGS FL 32145-0758

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 **59-0285070**      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

VALLANCE, MARY L.  
 N BLVD. & ASHLAND AVE.  
 HASTINGS FL 32045

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	VALLANCE, MARY L	
STREET ADDRESS	200 PARK AVENUE NORTH	
CITY-ST-ZIP	HASTINGS, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOYD, J B, JR	
STREET ADDRESS	PO BOX 81 N/A	
CITY-ST-ZIP	ELKTON, FL 0	
TITLE	D	<input type="checkbox"/> Delete
NAME	METHVIN, SAMUEL W.	
STREET ADDRESS	RT. 1, BOX 92	
CITY-ST-ZIP	EAST PALATKA, FL 0	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSTON, ALBERT B, JR	
STREET ADDRESS	P.O. BOX 251 N/A	
CITY-ST-ZIP	BUNNELL FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PACETTI, RICHARD A.	
STREET ADDRESS	5560 SR 16	
CITY-ST-ZIP	ST.AUGUSTINE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary L. Vallance* **Secretary** 04-22-00 904/692-1210  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)