

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790327

1. Entity Name

SOUTH LAKE APOPKA CITRUS GROWERS ASSOCIATION

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90125 044 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
P. O. BOX 8 OAKLAND FL 34760		P. O. BOX 8 OAKLAND FL 34760-0008	
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	59-0455305	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, WALLACE H.
33 W STORY ROAD
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name	BEA DEARISO
Street Address (P.O. Box Number is Not Acceptable)	236 HARBOR DRIVE
City	WINTER GARDEN FL
Zip Code	34787

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 Bea Deariso, Sec.-TREAS. DATE 4/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SHERROD, WILLIAM H	
STREET ADDRESS	345 7TH AVENUE	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOYD, MAURICE M.	
STREET ADDRESS	W STATE ROAD 438	
CITY-ST-ZIP	OAKLAND FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, WALLACE H.	
STREET ADDRESS	33 W STORY ROAD	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STANFORD, DAVID J	
STREET ADDRESS	190 TEMPLE GROVE DR.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEA DEARISO	
STREET ADDRESS	236 HARBOR DRIVE	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A.H.GLEASON	
STREET ADDRESS	137 N. BOYD ST.	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
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
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: SIGNATURE REQUIRED DATE 4-26-00 DAYTIME PHONE # 4076064323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)