

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790327

1. Entity Name

SOUTH LAKE APOPKA CITRUS GROWERS ASSOCIATION

Principal Place of Business

P. O. BOX 8
OAKLAND FL 34760

Mailing Address

P. O. BOX 8
OAKLAND FL 34760

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 ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEARISO, BEA
236 HARBOR DR
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name

BOYD, MAURICE M.

Street Address (P.O. Box Number is Not Acceptable)

15400 OAKLAND AVE.

City

WINTER GARDEN

FL

Zip Code

34777

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

TITLE D ☒ Delete
NAME SHERROD, WILLIAM H
STREET ADDRESS 345 7TH AVENUE
CITY-ST-ZIP LABELLE FL 33935

TITLE PD ☐ Delete
NAME BOYD, MAURICE M.
STREET ADDRESS W STATE ROAD 438
CITY-ST-ZIP OAKLAND FL

TITLE VD ☐ Delete
NAME STANFORD, DAVID J
STREET ADDRESS 190 TEMPLE GROVE DR.
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ST ☒ Delete
NAME DEARISO, BEA
STREET ADDRESS 236 HARBOR DR.
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE VD ☐ Delete
NAME GLEASON, A.H.
STREET ADDRESS 137 N. BOYD ST
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 15400 OAKLAND AVE.
CITY-ST-ZIP WINTER GARDEN, FL 34777

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ST MCCARTHY, NANCY J.
STREET ADDRESS 11426 LAKE KATHERINE CIRCLE
CITY-ST-ZIP CLERMONT, FL 34711

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)