

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90084 015 ****61.25

DOCUMENT # 790773

1. Entity Name

HIGHLANDS GROWERS CO-OPERATIVE

Principal Place of Business

Mailing Address

12833 HWY 301
 DADE CITY FL 33525
 US

P.O. BOX 2339
 DADE CITY FL 33526-2339
 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

59-6062649

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

STUBBS, JR., WM. O.
 12833 HWY 301
 DADE CITY FL 33525

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 _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	EPPERSON, G.B.	
STREET ADDRESS	12833 HIGHWAY 301	
CITY-ST-ZIP	DADE CITY, FL 00000	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JORDAN, CLAY	
STREET ADDRESS	12833 HWY 301	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	S	<input type="checkbox"/> Delete
NAME	STUBBS, JR WM O	
STREET ADDRESS	12833 HIGHWAY 301	
CITY-ST-ZIP	DADE CITY, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	BEASMAN, JERRY	
STREET ADDRESS	12833 HWY 301	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	EVANS JR., JAMES E.	
STREET ADDRESS	12833 HWY 301	
CITY-ST-ZIP	DADE CITY 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
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: *Wm O Stubbs, Jr.* **W. O. STUBBS, JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2000

Date

352/567-5661

Daytime Phone #

CR2E037 (9/99)