

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 790773**

1. Entity Name

**HIGHLANDS GROWERS CO-OPERATIVE****FILED****Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90039 035 \*\*\*\*61.25

Principal Place of Business

12833 HWY 301  
DADE CITY FL 33525  
US

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-6062649**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**STUBBS, JR., WM. O.  
12833 HWY 301  
DADE CITY FL 33525**7. Name and Address of New Registered Agent**

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**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
EPPERSON, G.B.  
12833 HIGHWAY 301  
DADE CITY, FL 00000 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
JORDAN, CLAY  
12833 HWY 301  
DADE CITY FL 33525 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
STUBBS, JR WM O  
12833 HIGHWAY 301  
DADE CITY, FL 00000 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BEASMAN, JERRY  
12833 HWY 301  
DADE CITY FL 33525 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
EVANS JR., JAMES E.  
12833 HWY 301  
DADE CITY FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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**  
JAMES E. EVANS, JR.

01/30/01

Date

352/567-5661  
Daytime Phone #

CR2E037 (10/00)