

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 790773**

1. Entity Name

HIGHLANDS GROWERS CO-OPERATIVE**FILED**
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90012 031 ****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**B0050470**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

660 Beachland Bv.Suite, Apt. #, etc.
Suite 301City & State
Vero Beach, FLZip
32963Country
USA

3. Mailing Address

660 Beachland Bv.Suite, Apt. #, etc.
Suite 301City & State
Vero Beach, FLZip
32963Country
USA

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

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

7. Name and Address of New Registered Agent

Name

Jerry Beasman

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

660 Beachland Bv.**Suite 301**

City

Vero Beach, FL**FL**Zip Code
32963

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

2-25-02**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 **PD** ☐ Delete
NAME **EPPERSON, G.B.**
STREET ADDRESS **12833 HIGHWAY 301**
CITY-ST-ZIP **DADE CITY, FL 00000**TITLE **VPD** ☐ Delete
NAME **JORDAN, CLAY**
STREET ADDRESS **12833 HWY 301**
CITY-ST-ZIP **DADE CITY FL 33525**TITLE **S** ☒ Delete
NAME **STUBBS, JR WM O**
STREET ADDRESS **12833 HIGHWAY 301**
CITY-ST-ZIP **DADE CITY, FL 00000**TITLE **T** ☐ Delete
NAME **BEASMAN, JERRY**
STREET ADDRESS **12833 HWY 301**
CITY-ST-ZIP **DADE CITY FL 33525**TITLE **VPD** ☐ Delete
NAME **EVANS JR., JAMES E.**
STREET ADDRESS **12833 HWY 301**
CITY-ST-ZIP **DADE CITY FL**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-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **660 Beachland Bv., Suite 301**
CITY-ST-ZIP **Vero Beach, FL 32963**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **660 Beachland Bv., Suite 301**
CITY-ST-ZIP **Vero Beach, FL 32963**TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02
Date**(772) 234-2410**
Daytime Phone #

CR2E037 (9/01)