

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790843

1. Entity Name

GLADES COUNTY SUGAR GROWERS COOPERATIVE ASSOCIAT

Principal Place of Business

201 2ND ST AVE N S.E.
P O BOX 283
MOORE HAVEN FL 33471

Mailing Address

201 2ND ST AVE N S.E.
P O BOX 283
MOORE HAVEN FL 33471-0283

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

59-0943148

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

SMITH, RALPH C.
714 8TH ST.
P.O. BOX 423
MOORE HAVEN FL 33471

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	AST	<input type="checkbox"/> Delete
NAME	SMITH, RALPH C ASST	
STREET ADDRESS	201 2ND ST & AVE N S.E.	
CITY-ST-ZIP	MOORE HAVEN FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LYKES, CHARLES P	
STREET ADDRESS	RT, 6 BOX 503 HWY 721 S/NA	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARR, GREGORY	
STREET ADDRESS	P.O. BOX 607	
CITY-ST-ZIP	MOORE HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, COUSE	
STREET ADDRESS	227 E. CRESCENT	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEARDSLEY, DAVID	
STREET ADDRESS	RT 1 BOX 486/NA	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWING, WAYNE	
STREET ADDRESS	US HIGHWAY 27 N	
CITY-ST-ZIP	MOORE HAVEN FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

Ralph C. Smith, Asst. Secy.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/2000

863-946-0136

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)