

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90271 041 ****61.25

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

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.

714 371 371 201 2nd St & Ave N S.E.

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** ☐ Delete
NAME **SMITH, RALPH C ASST**
STREET ADDRESS **201 2ND ST & AVE N S.E.**
CITY-ST-ZIP **MOORE HAVEN FL**

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

TITLE **STD** ☐ Delete
NAME **LYKES, CHARLES P**
STREET ADDRESS **RT, 6 BOX 503 HWY 721 S/NA**
CITY-ST-ZIP **OKEECHOBEE FL**

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

TITLE **D** ☐ Delete
NAME **WARR, GREGORY**
STREET ADDRESS **P.O. BOX 607**
CITY-ST-ZIP **MOORE HAVEN FL**

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

TITLE **D** ☐ Delete
NAME **MILLER, COUSE**
STREET ADDRESS **227 E. CRESCENT**
CITY-ST-ZIP **CLEWISTON FL**

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

TITLE **VD** ☐ Delete
NAME **BEARDSLEY, DAVID**
STREET ADDRESS **RT 1 BOX 466/NA**
CITY-ST-ZIP **CLEWISTON FL**

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

TITLE **D** ☐ Delete
NAME **BROWING, WAYNE**
STREET ADDRESS **US HIGHWAY 27 N**
CITY-ST-ZIP **MOORE HAVEN FL**

TITLE **President** ☒ 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: Ralph C. Smith Asst Sec *Ralph C. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/2001

Date

863-946-0136

Daytime Phone #

CR2E037 (10/00)