

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790843

1. Entity Name

GLADES COUNTY SUGAR GROWERS COOPERATIVE ASSOCIATION

Principal Place of Business

Mailing Address

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

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

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

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

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

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

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

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

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

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

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

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

TITLE
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:

Ralph C. Smith REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/2002

Date

863-946-0136

Daytime Phone #

CR2E037 (9/01)

0076304

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90096 003 ****61.25

119449



DO NOT WRITE IN THIS SPACE