

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90020 018 ****61.25

DOCUMENT # 790854

1. Entity Name

FLORIDA SWEET CORN EXCHANGE

Principal Place of Business

Mailing Address

4401 E COLONIAL DR.
P.O. BOX 140155
ORLANDO FL 32814-7155

4401 E COLONIAL DR.
P.O. BOX 140155
ORLANDO FL 32814-0155

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

59-0993434

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

7. Name and Address of New Registered Agent

BROWN, REGINALD L.
4401 EAST COLONIAL DRIVE
ORLANDO FL 32814

Name

McCallum, Jay R.

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

4401 E. Colonial Dr.

City

Orlando

FL

Zip Code

32814

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

Jay R. McCallum

Jay R. McCallum, Manager

Assistant Secretary

2/21/00

Signature filed 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 **D** ☐ Delete
NAME **HOLT, THOMAS C.**
STREET ADDRESS **457 OLD COUNTRY RD**
CITY-ST-ZIP **W PALM BCH FL**

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

TITLE **D** ☒ Delete
NAME **APELGREN, ROBERT D**
STREET ADDRESS **505 GREENWAY DRIVE**
CITY-ST-ZIP **N. PALM BEACH FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Thompson, Joe**
STREET ADDRESS **4401 E. Colonial Dr.**
CITY-ST-ZIP **Orlando, FL 32814**

TITLE **D** ☐ Delete
NAME **SODDERS, MARK**
STREET ADDRESS **800 MCCLURE ROAD**
CITY-ST-ZIP **PAHOKEE FL**

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

TITLE **AS** ☒ Delete
NAME **BROWN, REGINALD L**
STREET ADDRESS **4401 E. COLONIAL DR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **AS** ☐ Change ☒ Addition
NAME **McCallum, Jay R.**
STREET ADDRESS **4401 E. Colonial Dr.**
CITY-ST-ZIP **Orlando, FL 32814**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

Jay R. McCallum

Assistant Secretary 2/21/00

(407) 894 1351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #