

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90013 031 ****61.25

DOCUMENT # 790961

1. Entity Name

NORTH FLORIDA GROWERS EXCHANGE

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

8650 Hastings Blvd.

3. Mailing Address

P. O. Box 655

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hastings, FL

City & State

Hastings, FL

4. FEI Number

59-1214190

Applied For

Not Applicable

Zip

Country

32145

USA

Zip

Country

32145

USA

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MATTHEWS, CHARLES H
4401 E COLONIAL DR
ORLANDO FL 32814

7. Name and Address of New Registered Agent

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

After September 12, 2001, min. will be \$236.25

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 **DP** (Mr. Byrnes is ☐ Delete
NAME **BYRNES, DANNY** still a Director but not
STREET ADDRESS **P O BOX 8 N/A** President)
CITY-ST-ZIP **HASTINGS FL 32145**

TITLE **DVP** ☐ Delete
NAME **SMITH, WAYNE**
STREET ADDRESS **9345 HASTINGS BLVD**
CITY-ST-ZIP **HASTINGS FL 32145**

TITLE **STD** ☐ Delete
NAME **COTTON, WILLIAM R**
STREET ADDRESS **8650 HASTINGS BLVD**
CITY-ST-ZIP **HASTINGS FL 32145**

TITLE **AS** ☐ Delete
NAME **MATTHEWS, CHARLES H**
STREET ADDRESS **4401 E COLONIAL DR**
CITY-ST-ZIP **ORLANDO FL 32814**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **Wayne D. Smith**
STREET ADDRESS **9700 Hastings Blvd.**
CITY-ST-ZIP **Hastings, FL 32145**

TITLE **V President** ☒ Change ☐ Addition
NAME **Eugene Povias**
STREET ADDRESS **5230 St. Ambrose Church Rd.**
CITY-ST-ZIP **Elkton, FL 32033**

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

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

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NAME
STREET ADDRESS
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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:

William R. Cotton

William R. Cotton, Sec.=Treas. 7-28-01

CR2E037 (5/01)