

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790984

1. Entity Name

FLORIDA MOLASSES EXCHANGE, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90036 038 \*\*\*\*61.25

Principal Place of Business Mailing Address  
2655 N OCEAN DR 2655 N OCEAN DR  
RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404-4751

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 59-1274057 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

WHITE, JOHN B  
222 LAKEVIEW AVE  
SUITE 1000  
WEST PALM BEACH FL 33401

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	PD	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRILL, JAMES E		NAME		
STREET ADDRESS	111 PONCE DE LEON AVE.		STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, DON		NAME		
STREET ADDRESS	316 ROYAL POINCIANNA PLZ		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALDIVIA, JOSE F JR		NAME	Tabernilla, Armando A.	
STREET ADDRESS	316 ROYAL POINCIANA PLZ		STREET ADDRESS	316 Royal Poinciana PLZ.	
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP	Palm Beach, FL	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTRERAS, ANTONIO L. JR		NAME		
STREET ADDRESS	AIRPORT ROAD		STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL		CITY-ST-ZIP		
TITLE	AST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, JOHN A		NAME		
STREET ADDRESS	2655 N OCEAN DR		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, LUIS		NAME		
STREET ADDRESS	P O BOX 1059		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33430		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: *John A. Hale* April 25, 2000 561-848-3301