

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91083 030 \*\*\*\*61.25

**DOCUMENT # 790984**

1. Entity Name

**FLORIDA MOLASSES EXCHANGE, INC.**

Principal Place of Business

Mailing Address

2655 N OCEAN DR  
 RIVIERA BEACH FL 33404

2655 N OCEAN DR  
 RIVIERA BEACH FL 33404

707970



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1274057**

Applied For

Not Applicable

Zip

Country

Zip

Country

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**  Delete  
 NAME **TERRILL, JAMES E**  
 STREET ADDRESS **111 PONCE DE LEON AVE.**  
 CITY-ST-ZIP **CLEWISTON FL**

TITLE **S/D**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **CARSON, DON**  
 STREET ADDRESS **316 ROYAL POINCIANNA PLZ**  
 CITY-ST-ZIP **PALM BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **VALDIVIA, JOSE F JR**  
 STREET ADDRESS **316 ROYAL POINCIANA PLZ**  
 CITY-ST-ZIP **PALM BEACH FL**

TITLE **P/D**  Change  Addition  
 NAME **Tabernilla, Armando A.**  
 STREET ADDRESS **316 Royal Poinciana PLZ, Palm Beach FL**  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **CONTRERAS, ANTONIO L. JR**  
 STREET ADDRESS **AIRPORT ROAD**  
 CITY-ST-ZIP **BELLE GLADE FL**

TITLE **V/D**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **AST**  Delete  
 NAME **HALE, JOHN A**  
 STREET ADDRESS **2655 N OCEAN DR**  
 CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **FERNANDEZ, LUIS**  
 STREET ADDRESS **P O BOX 1059**  
 CITY-ST-ZIP **PALM BEACH FL 33430**

TITLE **T/D**  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: **SIGNATURE REQUIRED** John A. Hale May 10, 2001 561-348-3301

CR2E037 (10/00)