

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4: 21

DOCUMENT # 791002 (9)

1. Corporation Name

UNITED CANE COOPERATIVE ASSOCIATION

Principal Place of Business

Mailing Address

440 E HAIT
POB 545
CLEWISTON FL 33440

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POB 545
CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/16/1970	3a. Date of Last Report 02/17/1994
4. FEI Number 59-1379687	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

YAUN, JOHN A.
U.S. HIGHWAY 27, 3 MILES SOUTH
MOORE HAVEN FL 33471

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	NORTH, WARREN J	1.2 NAME	
STREET ADDRESS	5575 SW 64TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWNING, WAYNE	2.2 NAME	
STREET ADDRESS	BOX 208, NA	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	BEARDSLEY, V R	3.2 NAME	
STREET ADDRESS	339 EAST AVENUE DEL RIO	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON, FL 00000	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	BASS, R H	4.2 NAME	
STREET ADDRESS	US HWY 27 WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	COUSE, MILLER	5.2 NAME	
STREET ADDRESS	227 E. CRESCENT DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. H. Bass, President

1/23/95

813-983-9550