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Feb 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 791002 (9)

1. Corporation Name

UNITED CANE COOPERATIVE ASSOCIATION

Principal Place of Business

Mailing Address

440 E HAITI
POB 545
CLEWISTON FL 33440

440 E HAITI
POB 545
CLEWISTON FL 33440-0645



3. Date Incorporated or Qualified
10/16/1970

3a. Date of Last Report
02/02/1996

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

8. This corporation has liability for intangible tax under s. 199.032,
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

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D NORTH, WARREN J ☒ DELETE
NAME
STREET ADDRESS 5575 SW 64TH AVE
CITY-ST-ZIP FT LAUDERDALE, FL 00000 33314

1.1 TITLE D John A. Yaun ☐ Change ☒ Addition
1.2 NAME P. O. Box 756
1.3 STREET ADDRESS 848 W. VENTURA AVE. *
1.4 CITY-ST-ZIP Clewiston, FL 33440

TITLE D BROWNING, WAYNE ☐ DELETE
NAME
STREET ADDRESS BOX 200, HWY 1329 US HWY 27 NORTH
CITY-ST-ZIP BELLE GLADE, FL 00000 MOORE HAVEN, FL 33471

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD BEARDSLEY, V R ☐ DELETE
NAME
STREET ADDRESS 339 EAST AVENIDA DEL RIO
CITY-ST-ZIP CLEWISTON, FL 00000 33440

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD BASS, R H ☐ DELETE
NAME
STREET ADDRESS US HWY 27 WEST
CITY-ST-ZIP CLEWISTON, FL 00000 33440

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D COUSE, MILLER ☐ DELETE
NAME
STREET ADDRESS 227 E. CRESCENT DR.
CITY-ST-ZIP CLEWISTON FL 33440

5.1 TITLE ASTD ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* President

1/3/97

941 983-9550

CR2E037 (9/96)