

DOCUMENT # 791002

1. Entity Name

UNITED CANE COOPERATIVE ASSOCIATION

Principal Place of Business

440 E HAITI  
POB 545  
CLEWISTON FL 33440

Mailing Address

440 E HAITI  
POB 545  
CLEWISTON FL 33440

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1379687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

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	D	<input type="checkbox"/> Delete
NAME	WARR, GREG	
STREET ADDRESS	1685 RIVERSIDE DR	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWNING, WAYNE	
STREET ADDRESS	1329 US HWY 27 NORTH	
CITY-ST-ZIP	MOORE HAVEN FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BEARDSLEY, V R	
STREET ADDRESS	339 EAST AVENDA DEL RIO	
CITY-ST-ZIP	CLEWISTON, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BASS, R H	
STREET ADDRESS	US HWY 27 WEST	
CITY-ST-ZIP	CLEWISTON, FL 00000	
TITLE	ASTD	<input type="checkbox"/> Delete
NAME	COUSE, MILLER	
STREET ADDRESS	227 E. CRESCENT DR.	
CITY-ST-ZIP	CLEWISTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

JANUARY 8, 2001

Date

863-983-9550

Daytime Phone #

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90092 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)