

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 791002

1. Entity Name

UNITED CANE COOPERATIVE ASSOCIATION

FILED

Feb 15, 2002 8:00 am  
Secretary of State

02-15-2002 90021 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

440 E HAITI  
POB 540  
CLEWISTON FL 33440  
US

P.O. BOX 656  
CLEWISTON FL 33440  
US

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

59-1379687

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

YAUN, JOHN A.  
U.S. HIGHWAY 27, 9 MILES SOUTH  
MOORE HAVEN FL 33471  
CLEWISTON, FL 33440

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 D ☒ Delete  
NAME WARR, GREG  
STREET ADDRESS 1685 RIVERSIDE DR  
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE YOUNG, JOHN A. ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 848 W. VENTURA AV.  
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE D ☐ Delete  
NAME BROWNING, WAYNE  
STREET ADDRESS 1329 US HWY 27 NORTH  
CITY-ST-ZIP MOORE HAVEN FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ASTD ☐ Delete  
NAME COUSE, MILLER  
STREET ADDRESS 227 E. CRESCENT DR.  
CITY-ST-ZIP CLEWISTON FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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. Young*

2/1/02

863 983-9550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)