

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 791061

1. Entity Name

SOUTH FLORIDA POTATO GROWERS EXCHANGE

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90080 049 ****70.00

Principal Place of Business 1210 NW 4TH ST P O BOX 901670 HOMESTEAD FL 33030 US	Mailing Address 1210 NW 4TH ST PO BOX 901670 HOMESTEAD FL 33090-1670 US
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2. Principal Place of Business 700 SW 1st STREET Suite, Apt. #, etc. 2nd Floor	3. Mailing Address P O BOX 901670 Suite, Apt. #, etc.
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City & State HOMESTEAD FL	City & State HOMESTEAD FL
Zip 33030	Zip 33090-1670
Country USA	Country USA

4. FEI Number 65-0614634	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LYNN, JOHN M. 48 NE 15TH ST HOMESTEAD FL 33030

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTONGUAY, EDWARD 27501 SW 170TH AVE HOMESTEAD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, DWAYNE R. 2825 FAIRWAYS DR HOMESTEAD FL 33035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, DALE C 16981 SW 278TH ST HOMESTEAD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTENS, BENNY 14850 SW 252ND ST HOMESTEAD FL 33032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALGER, JOHN 17971 SW 284 ST HOMESTEAD FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, WEBSTER D 28105 SW 157TH AVE HOMESTEAD FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D WILLIAMS, CHARLES 31050 SW 195TH AVE HOMESTEAD FL 33030

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: ED CASTONGUAY REQUIRED ED CASTONGUAY 1/17/00 305-245-7183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)