

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 791061

FILED  
Mar 04, 2002 8:00 AM  
Secretary of State

Entity Name: SOUTH FLORIDA POTATO GROWERS EXCHANGE

**Current Principal Place of Business:**

700 SW 1ST STREET  
2ND FLOOR  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

300 N KROME AVENUE  
BUILDING #1  
FLORIDA CITY, FL 33034 US

**Current Mailing Address:**

PO BOX 901670  
HOMESTEAD, FL 330901670 US

**New Mailing Address:**

FEI Number: 65-0614634      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LYNN, JOHN M.  
48 NE 15TH ST  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CASTONGUAY, EDWARD  
Address: 27501 SW 170TH AVE  
City-St-Zip: HOMESTEAD, FL

Title: TD ( ) Delete  
Name: WILLIAMS, DWAYNE R.,  
Address: 2825 FAIRWAYS DR  
City-St-Zip: HOMESTEAD, FL 33035

Title: SD ( ) Delete  
Name: WILLIAMS, DALE C  
Address: 16981 SW 278TH ST  
City-St-Zip: HOMESTEAD, FL

Title: D ( ) Delete  
Name: MARTENS, BENNY  
Address: 14850 SW 252ND ST  
City-St-Zip: HOMESTEAD, FL 33032

Title: VD ( ) Delete  
Name: ALGER, JOHN  
Address: 17971 SW 284 ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: WILLIAMS, CHARLES  
Address: 31050 SW 195TH AVE  
City-St-Zip: HOMESTEAD, FL 33030

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: WILLIAMS, DWAYNE R  
Address: 2825 FAIRWAYS DR  
City-St-Zip: HOMESTEAD, FL 33035

Title: SD (X) Change ( ) Addition  
Name: WILLIAMS, DALE C  
Address: 16981 SW 278TH ST  
City-St-Zip: HOMESTEAD, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD CASTONGUAY

PD

03/04/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

EDWIN SAPP, DIRECTOR  
2955 SE 4TH PLACE  
HOMESTEAD, FL 33033