

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