

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 791072

1. Entity Name

FLORIDA SUGAR MARKETING & TERMINAL ASSN. INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90047 018 ****61.25

Principal Place of Business

Mailing Address

2655 N OCEAN DR
SUITE 201
RIVIERA BEACH FL 33404
US

2655 N OCEAN DR
SUITE 201
RIVIERA BEACH FL 33404-4793
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1791586

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HALE, JOHN
2655 N OCEAN DRIVE
STE 201
RIVIERA BEACH FL 33404

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 PD ☒ Delete
NAME VALDIVIA, JOSE
STREET ADDRESS 340 ROYAL POINCIANA WAY, #316
CITY-ST-ZIP PALM BEACH FL

TITLE TD ☐ Change ☒ Addition
NAME ARMANDO TABERNILLA
STREET ADDRESS 340 ROYAL POINCIANA WAY, #316
CITY-ST-ZIP PALM BEACH FL

TITLE V ☐ Delete
NAME HALE, JOHN
STREET ADDRESS 2655 N OCEAN DRIVE, #201
CITY-ST-ZIP RIVIERA BEACH FL 33404

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

TITLE VD ☐ Delete
NAME CONTRERAS, ANTONIO
STREET ADDRESS DWEST SUGAR HOUSE RD.
CITY-ST-ZIP BELLE GLADE FL

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

TITLE VD ☐ Delete
NAME FERNANDEZ, LUIS J
STREET ADDRESS 340 ROYAL POINCIANA WAY, #316
CITY-ST-ZIP PALM BEACH FL

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

TITLE SD ☐ Delete
NAME TERRILL, JAMES
STREET ADDRESS 111 PONCE DE LEON
CITY-ST-ZIP CLEWISTON FL

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

TITLE TD ☐ Delete
NAME CARSON, DON
STREET ADDRESS 340 ROYAL POINCIANA WAY, #316
CITY-ST-ZIP PALM BEACH FL

TITLE SD ☒ 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
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 561-842-2458

Date

Daytime Phone #

CR2E037 (9/99)