

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 791072

1. Entity Name

FLORIDA SUGAR MARKETING & TERMINAL ASSN. INC.

Principal Place of Business

2655 N OCEAN DR
SUITE 201
RIVIERA BEACH FL 33404
US

Mailing Address

2655 N OCEAN DR
SUITE 201
RIVIERA BEACH FL 33404
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

59-1791586

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

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

TITLE SD
NAME TABERNILLA, ARMANDO
STREET ADDRESS 340 ROYAL POINCIANA WAY, #316
CITY-ST-ZIP PALM BEACH FL ☐ Delete

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

TITLE PD
NAME CONTRERAS, ANTONIO
STREET ADDRESS 1500 WEST SUGAR HOUSE RD
CITY-ST-ZIP BELLE GLADE FL ☐ Delete

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE PD ☒ Change ☐ Addition
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91791 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)