2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 AM
Secretary of State

DOCUMENT# 791127

Entity Name: FLORIDA STRAWBERRY GROWERS ASSOCIATION

Current Principal Place of Business:

1305 W. DR. MARTIN LUTHER KING BLVD.
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 2550
PLANT CITY, FL 33564

New Mailing Address:

FEI Number: 59-2252497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINTON, CHARLES F
1305 W. DR. MARTIN LUTHER KING BLVD.
PLANT CITY, FL 33566 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:	LOTT, MIKE	
Address:	806 E. OLD HILLSBOROUGH AVE.	
City-St-Zip:	SEFFNER, FL 33584	
Title:	VP	( ) Delete
Name:	HINTON, CAMMY	
Address:	3902 S. DRAWDY RD.	
City-St-Zip:	PLANT CITY, FL 33567	
Title:	S	( ) Delete
Name:	WILLIAMSON, MICHELLE	
Address:	P.O. BOX 279	
City-St-Zip:	SYDNEY, FL 33587	
Title:	T	( ) Delete
Name:	ST. MARTIN, JOHNNY	
Address:	3115 S. SAM ASTIN RD.	
City-St-Zip:	PLANT CITY, FL 33567	
Title:	D	( ) Delete
Name:	BROWN, MARVIN	
Address:	14506 WALDEN SHEFFIELD RD.	
City-St-Zip:	DOVER, FL 33527	
Title:	D	( ) Delete
Name:	HERNDON, AL	
Address:	P.O. BOX 909	
City-St-Zip:	FLORAL CITY, FL 34436	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	LOTT, MIKE	
Address:	806 E. OLD HILLSBOROUGH AVE.	
City-St-Zip:	SEFFNER, FL 33584	
Title:	PD	(X) Change ( ) Addition
Name:	HINTON, CAMMY	
Address:	3902 S. DRAWDY RD.	
City-St-Zip:	PLANT CITY, FL 33567	
Title:	S	(X) Change ( ) Addition
Name:	HARRELL, SUE	
Address:	12885 HWY 92	
City-St-Zip:	DOVER, FL 33527	
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: SUE HARRELL S 05/07/2002

Electronic Signature of Signing Officer or Director — Date