

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90056 045 \*\*\*150.00

**DOCUMENT # J58395**

1. Entity Name  
**SOUTH FLORIDA GROWERS ASSOCIATION, INC.**

Principal Place of Business

**13000 SW 232ND ST.  
 GOULDS FL 33170  
 US**

Mailing Address

~~9449 G OLD DIXIE HWY  
 670 JOSEPH FISHER  
 MIAMI FL 33156  
 US~~



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**SO FLA GROWERS ASSOC., INC.  
 C/O GREENBERG & KOPETMAN  
 10090 SW 115TH PLACE  
 MIAMI, FL. 33176**

Zip

Country

4. FEI Number

**59-0698535**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LYNN, JOHN M  
 LYNN & HANSON PA  
 48 NE 15 ST SECOND FL  
 HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KENDALL, HAROLD E. JR.</b>	
STREET ADDRESS	<b>13000 SW 232ND ST.</b>	
CITY-ST-ZIP	<b>GOULDS FL 33170</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BRADFORD, SUSAN</b>	
STREET ADDRESS	<b>13000 SW 232ND ST.</b>	
CITY-ST-ZIP	<b>GOULDS FL 33170</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>GILMORE, MARTHA</b>	
STREET ADDRESS	<b>13000 SW 232ND ST.</b>	
CITY-ST-ZIP	<b>GOULDS FL 33170</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]* **1/9/02** **305-274-2626**

060700

CR2E034 (9/01)