

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K33093

1. Entity Name

GATEWAY GROWERS, INC.

Principal Place of Business

9771 87 PLACE SOUTH  
BOYNTON BCH FL 33437  
US

Mailing Address

9771 87 PLACE SOUTH  
BOYNTON BEACH FL 33467-7396  
US

2. Principal Place of Business

4770 CANAL 14 ROAD

Suite, Apt. #, etc.

3. Mailing Address

4770 CANAL 14 ROAD

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL.

Zip

33463

Country

City & State

LAKE WORTH, FL

Zip

33463

Country

4. FEI Number

65-0081391

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURGER, JEFFREY A.  
9771 87 PLACE SOUTH  
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name  
JEFFREY BROWN  
Street Address (P.O. Box Number is Not Acceptable)  
4770 CANAL 14 ROAD  
City LAKE WORTH FL Zip Code 33463

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

Jeffrey A. Burger

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-3-2000

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	DP BURGER, JEFFREY A. 9771 87 PLACE SOUTH BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BURGER, LELEND H. 9771 87 PLACE SOUTH BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BURGER, RUTH A. 9771 87 PLACE SOUTH BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RICHARD WAGNER 4770 CANAL 14 ROAD LAKE WORTH, FL. 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS JEFFREY BROWN 4770 CANAL 14 ROAD LAKE WORTH, FL. 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Jeffrey A. Burger

3-3-2000

Date

Daytime Phone #

561-628-6134

CR2E034 (9/99)