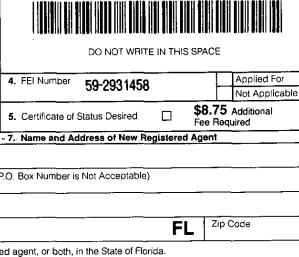
2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K41342** GOLDEN RIVER GROWERS, INC. Mailing Address Principal Place of Business 505 66TH AVE SW (329603592) 505 66TH AVE SW (329603592) P.O. BOX 2488 P.O. BOX 2488 VERO BEACH FL 32961-2488 VERO BEACH FL 32961-2468 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-2931458 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LAMBETH, GEORGE S., JR Street Address (P.O. Box Number is Not Acceptable) 505 66TH AVE SW VERO BEACH FL 32960 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE Lambeth, George S. Jr NAME NAME 1455 - 48TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL TITLE ☐ Delete TITLE LAMBETH, SCOTT W NAME NAME 1405 - 46TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7iP VERO BEACH FL CITY-ST-ZIP ☐ Delete TITLE TITLE

Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90077 018 ***150.00



ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition ☐ Change ☐ Addition ☐ Addition ☐ Change MILWOOD, DAVID NAME NAME 4920 - 13TH LN. STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the same legal effect as if made under oath; that I am an officer or director the this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if th this filing des 13. I hereby certify that the inform tion supplied w indicated on this report or supplemental report the corporation or the receiver or trustee of t is true and acc changed, or on an attachr

SIGNATURE:

SCOTT W LAMBETH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-562-4500

\$5.00 May Be

Added to Fees

Daytime Phone #