

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90062 037 ***150.00

DOCUMENT # K88492

1. Entity Name
GAMBLE CREEK GROWERS, INC.



Principal Place of Business
**4250 GAMBLE CREEK RD.
PARRISH FL 34219**

Mailing Address
**4250 GAMBLE CREEK RD.
PARRISH FL 34219**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0124339**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GREBE, RHODA B.
4250 GAMBLE CREEK RD.
PARRISH FL 34219~~

Name **Keene, Joan W.**
Street Address (P.O. Box Number is Not Acceptable)
4250 Gamble Creek Road
City **Parrish** FL Zip Code **34219**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Joan W. Keene Vice Pres. 1-14-03
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **GREBE, ROBERT A.**
STREET ADDRESS **4250 GAMBLE CREEK RD.**
CITY-ST-ZIP **PARRISH FL**

TITLE **P** ☒ Change ☐ Addition
NAME **Keene, Gene L.**
STREET ADDRESS **3940 Gamble Creek Rd.**
CITY-ST-ZIP **Parrish, FL 34219**

TITLE **VPD** ☒ Delete
NAME **KEENE, GENE**
STREET ADDRESS **4249 GAMBLE CREEK RD.**
CITY-ST-ZIP **PARRISH FL**

TITLE **VTS / T** ☒ Change ☐ Addition
NAME **Keene, Joan W.**
STREET ADDRESS **3940 Gamble Creek Rd.**
CITY-ST-ZIP **Parrish, FL 34219**

TITLE **VPD** ☒ Delete
NAME **KEENE, JOAN W.**
STREET ADDRESS **4249 GAMBLE CREEK RD.**
CITY-ST-ZIP **PARRISH FL**

TITLE **D** ☒ Change ☐ Addition
NAME **Grebe, Robert A.**
STREET ADDRESS **3780 Gamble Creek Rd.**
CITY-ST-ZIP **Parrish, FL 34219**

TITLE **SD** ☒ Delete
NAME **GREBE, RHODA B.**
STREET ADDRESS **4250 GAMBLE CREEK RD.**
CITY-ST-ZIP **PARRISH FL**

TITLE **D** ☒ Change ☐ Addition
NAME **Grebe, Rhoda B.**
STREET ADDRESS **3780 Gamble Creek Rd.**
CITY-ST-ZIP **Parrish, FL 34219**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 607, 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: Joan W. Keene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03 941-776-2791
Date Daytime Phone #

CR2E034 (10/02)