

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90065 019 \*\*\*150.00

**DOCUMENT # L80956**

1. Entity Name  
**SELECT GROWERS, INC.**

Principal Place of Business 2636 ALHAMBRA AVE. DELAND FL 32720	Mailing Address PO BOX 669 NA DELAND FL 32721-0669 US
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3018979**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALMETTO CHARTER SERVICES, INC.**  
**150 MAGNOLIA AVE.**  
**P.O. BOX 2491**  
**DAYTONA BEACH FL 32115-2491**

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 \_\_\_\_\_ (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.  (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>CLIFTON, PATRICIA F</b> <b>2673 FLOWINF WELL RD</b> <b>DELAND FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CLIFTON, LONNIE R.</b> <b>2664 ALHAMBRA AVE</b> <b>DELAND FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CLIFTON, GARY</b> <b>2673 FLOWING WELL RD</b> <b>DELAND FL</b>	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**(3) UBR's enclosed**

13. I hereby certify that the information supplied with indicated on this report or supplemental reports of the corporation or the receiver or trustee empio changed, or on an attachment with an address, w

3)(i). Florida Statutes. I further certify that the information fact as if made under oath; that I am an officer or director tes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**H-27-00**      **904-734-8883**  
 Date      Daytime Phone \*

CR2E034 (9/99)