

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000003201**

1. Entity Name  
**ASSOCIATED GROWERS LLC**

**FILED**

**00 APR 10 AM 9:20**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 15791 ONE MILE ROAD DELRAY BEACH FL 33446	Mailing Address 15791 ONE MILE ROAD DELRAY BEACH FL 33446-9757
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2. Principal Place of Business 4733 W. Atlantic Ave. Suite, Apt. #, etc. C-8	3. Mailing Address 4733 W. Atlantic Ave. Suite, Apt. #, etc. C-8
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City & State Delray Beach FL	City & State Delray Beach FL	4. FEI Number 52-2135407	Applied For Not Applicable
Zip 33445 Country Palm Beach	Zip 33445 Country Palm Beach	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**K&R INVESTMENTS, INC.**  
6765 CASA GRANDE WAY  
DELRAY BEACH FL 33446

4733 W. Atlantic Ave.  
Suite C-8  
Delray Beach, FL 33445

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
4733 W. ATLANTIC AVE

Suite C-8

City Delray Beach FL Zip Code 33445

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR REICH, MORTON 6765 CASA GRANDE WAY DELRAY BEACH FL 33446	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KRASSAN, MITCHELL 6765 CASA GRANDE WAY DELRAY BEACH FL 33446	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

10. ADDITIONS / CHANGES		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	5612 NW 40th Ave Boca Raton, FL 33496	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	7570 Isla Verdre Way Delray Beach, FL 33446	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Mitchell Krassan* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER **Mitchell Krassan** Date **4-4-00** Daytime Phone # **561-498-5353**

C:\BENEF\BENEF