

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003201

1. Entity Name  
ASSOCIATED GROWERS LLC

FILED

01 APR 23 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4733 W. ATLANTIC AVE., C-8  
DELRAY BEACH FL 33445

Mailing Address  
4733 W. ATLANTIC AVE., C-8  
DELRAY BEACH FL 33445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-2135407

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

K&R INVESTMENTS, INC.  
4733 W. ATLANTIC AVE., SUITE C-8  
DELRAY BEACH FL 33445

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

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

(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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
REICH, MORTON  
5612 NW 40TH AVE  
BOCA RATON FL 33496 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
7570 Isle Verde Way  
Delray Beach, FL 33446 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KRASSAN, MITCHELL  
7570 ISLA VERDRE WAY  
DELRAY BEACH FL 33446 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5612 NW 40th Ave  
Boca Raton, FL 33496 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500004137155-5  
-05/04/01--01092--026  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ Delete

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

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: *[Signature]* REQUIRED

4-9-01

56498-5353 04/10/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)