**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2001 8:00 am § Secretary of State DOCUMENT # N0000002852 05-16-2001 90123 001 \*\*\*122.50 FLORIDA ORGANIC CITRUS GROWERS ASSOCIATION, INC. Principal Place of Business -Mailing Address 71686 1706 SOUTH KINGS AVENUE 1706 SOUTH KINGS AVENUE BRANDON FL 33511-6216 BRANDON FL 33511-6216 2. Principal Place of Business 3. Mailing Address P.O. BOX 888 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE XXApplied For City & State City & State 4. FEI Number Not Applicable BRANDON. Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33509-0888 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHRISTOPHER TOMPKINS, Street Address (P.O. Box Number is Not Acceptable) TOMPKINS, ELIZABETH 1706 SOUTH KINGS AVENUE BRANDON FL 33511-6216 City 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. FILE NOW: 9. Election Campaign Financing Make Check Pavable to **\$5.00** May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITI F ☐ Change ■ Addition TOMPKINS, ELIZABETH P NAME NAME STREET ADDRESS 1706 SOUTH KINGS AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511-6216 TIT! F ☐ Change TITLE ☐ Delete ☐ Addition PADRON, ANNA R NAME NAME STREET ADDRESS STREET ADDRESS 1706 SOUTH KINGS AVENUE CITY-ST-ZIP CITY-ST-7IP BRANDON FL 33511-6216 ☐ Change ☐ Addition TITLE Delete TITLE -Tomkins, H. Christopher II — NAME NAME H. CHRISTOPHER TOMPKINS, II STREET ADDRESS STREET ADDRESS 1706 SOUTH KINGS AVENUE CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511-6216 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 617, 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.

4/30/2001 813.685.7564 Ect 1# SIGNATURE: