

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006412

1. Entity Name

VILLAGE PACKAGE PLANT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

203 APACHE ST  
TAVERNIER FL 33070

203 APACHE ST  
TAVERNIER FL 33070

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Monroe

Zip

Country

Monroe



DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0553671

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHRADER, CHRIS  
203 APACHE ST  
TAVERNIER FL 33070

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MEEHAN, LINDA  
79867 OVERSEAS HWY  
ISLAMORADA FL 33036

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROSENTHAL, HENRY  
101 SAPODILLA DR  
ISLAMORADA FL 33036

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SCHRADER, CHRIS  
203 APACHE ST  
TAVERNIER FL 33070

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SIMMONS, SCOTT  
84001 OVERSEAS HWY  
ISLAMORADA FL 33036

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  
Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/2002 305 852 1952

CR2E037 (9/01)

0072098