2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2002 8:00 am Secretary of State DOCUMENT # N0100007631 1. Entity Name FLORIDA CITRUS MUTUAL TRADE ASSOCIATION 04-30-2002 90110 030 ****61.25 Principal Place of Business Mailing Address 302 SOUTH MASSACHUSETTS AVENUE 302 SOUTH MASSACHUSETTS AVENUE 417333 LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address 0. Box 89 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Lakeland, FL65-1153249 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33802 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Andrew W. LaVigne Street Address (P.O. Box Number is Not Acceptable) GARDNER, MERRITT A <u>302 South Massachusetts Avenue</u> **401 EAST JACKSON STREET** SUITE 2650 Zip Code City · AMPA FL 33602 FL Lakeland 33801 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 4/17/02 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. П Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01 TITLE TITLE Change ☐ Addition Delete BARBEN, ROBERT H NAME NAME CARLTON, GREGORY A. STREET ADDRESS POST OFFICE BOX 1056 STREET ADDRESS HC 61, BOX 527 CITY-ST-ZIP AVON PARK FL 33826 CITY-ST-ZIP CLEWISTON FL 33440 X Change Addition TITLE ☐ Delete TITLE V/D BARTHLE, BOB NAME BOYER, JR., Willet A. PO BOX 527 STREET ADDRESS STREET ADDRESS POST OFFICE BOX 1167 CITY-ST-ZIP SAN ANTONIO FL 33576 CITY-ST-ZIP <u>WEIRSDALE FL 32195-0527</u> TITLE Delete TITLE X Change ☐ Addition BATTAGLIA. ROBERT E NAME NAME CLARK, III, J.A. **POST OFFICE BOX 3010** STREET ADDRESS STREET ADDRESS 117 N. ILLINOIS AVE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32790-3010 WAUCHULA FL 33873 ☐ Delete TITLE Change ☐ Addition TITLE BECKER, FRAN NAME NAME VELDHUIS, JOHN F. **POST OFFICE BOX 730** STREET ADDRESS STREET ADDRESS PO BOX 1047 CITY-ST-7IP CITY-ST-7IP arcadia FL 34265 TAVARES FL 32778 X Change ☐ Addition TITLE ☐ Delete TITLE BOYER, WILLET A JR. NAME NAME EVANS, III, JAMES EMMETT STREET ADDRESS STREET ADDRESS POST OFFICE BOX 527 660 BEACHLAND BLVD., STE 301 CITY-ST-ZIP CITY-ST-7IP WEIRSDALE FL 32195-0527 VERO BEACH FL 32963 Delete TITLE Change ☐ Addition V/D BROADAWAY, DENNIS P NAME NAME LLOYD, III, CALVIN P. STREET ADDRESS POST OFFICE BOX 337 STREET ADDRESS 4255 ESTERO BLVD. CITY-ST-ZIP HAINES CITY FL 33845 MYERS_FL 33431 FΤ 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:

4/17/02

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