

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04537

1. Entity Name

GROWING TOGETHER, INC.

Principal Place of Business

1000 LAKE AVENUE
LAKE WORTH FL 33460
US

Mailing Address

1000 LAKE AVENUE
LAKE WORTH FL 33460-3710
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2466094

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

GATES, SALLY
2011 20TH LANE
PALM BEACH GARDENS FL 33418

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 PD
NAME GATES, SALLY
STREET ADDRESS 2011 20TH LANE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418
☐ Delete

TITLE VD
NAME Cooper, Mary Beth
STREET ADDRESS 2123 SW 21 Street
CITY-ST-ZIP Okeechobee, FL 34974
☐ Change ☒ Addition

TITLE VD
NAME DUXBURY, JUDY
STREET ADDRESS 12142 SE HECKLER DRIVE
CITY-ST-ZIP HOBE SOUND FL 33455
☐ Delete

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

TITLE VD
NAME RATLIFF, MARY
STREET ADDRESS 17364 BOCA CLUB BLVD.
CITY-ST-ZIP BOCA RATON FL 33487
☒ Delete

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

TITLE TD
NAME JOCHEM, JOHN
STREET ADDRESS 22 RIDGELAND DR
CITY-ST-ZIP STUART FL 34996
☐ Delete

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

TITLE SD
NAME TAYLOR, MEG
STREET ADDRESS 1527 LANCE RD
CITY-ST-ZIP JUPITER FL 33469
☐ 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

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 #

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90009 048 ****61.25

C0043403



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)