

2001 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
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

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

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GATES, SALLY	
STREET ADDRESS	2011 20TH LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DUXBURY, JUDY	
STREET ADDRESS	12142 SE HECKLER DRIVE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COOPER, MARYBETH	
STREET ADDRESS	2123 SW 21 STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JOHEM, JOHN	
STREET ADDRESS	22 RIDGELAND DR	
CITY-ST-ZIP	STUART FL 34998	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, MEG	
STREET ADDRESS	1527 LANCE RD	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Beth Cooper	
STREET ADDRESS	2123 SW 21 Street	
CITY-ST-ZIP	Okeechobee, FL 34974	
TITLE	Vice President Oper.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Ugowski	
STREET ADDRESS	707 2nd Road	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	V.P. Development	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Skewes	
STREET ADDRESS	1138 Barnstable Circle	
CITY-ST-ZIP	Wellington, FL 33408	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Cooper	
STREET ADDRESS	2123 SW 21 Street	
CITY-ST-ZIP	Okeechobee, FL 34974	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meg Taylor	
STREET ADDRESS	1527 Lance Road	
CITY-ST-ZIP	Jupiter, FL 33469	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/01 (561)585-0892
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)