

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000003660**

1. Entity Name

SWEET CORN GROWERS EXCHANGE, INCORPORATED

Principal Place of Business

**4401 E. COLONIAL DRIVE
ORLANDO FL 32814**

Mailing Address

**4401 E. COLONIAL DRIVE
ORLANDO FL 32814**

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

59-3203908

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCCALLUM, JAY R
4401 E. COLONIAL DRIVE
ORLANDO FL 32814**

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
After September 12, 2001, min. will be \$236.25**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	D	<input type="checkbox"/> Delete
NAME	HANDLEY, JOHN L	
STREET ADDRESS	25849 ST RD 880	
CITY-ST-ZIP	BELLE GLADE FL 33430	

TITLE	DVP	<input type="checkbox"/> Delete
NAME	HALL, JOSEPH	
STREET ADDRESS	19620 N COUNTY RD 349	
CITY-ST-ZIP	O'BRIEN FL 33071	

TITLE	STD	<input type="checkbox"/> Delete
NAME	MCNAIR, HAMILL	
STREET ADDRESS	RT 3 BOX 396	
CITY-ST-ZIP	CAMILLA GA 31730	

TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MCCALLUM, JAY R	
STREET ADDRESS	4401 E. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike D. Bess	
STREET ADDRESS	4401 E. Colonial Dr.	
CITY-ST-ZIP	Orlando, FL 32814	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

REQUIRED**FILED**
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90005 020 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)