

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90166 020 \*\*\*\*61.25

**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

4. FEI Number **59-3203908**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BESS, MIKE  
4401 E. COLONIAL DRIVE  
ORLANDO FL 32814**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **HANDLEY, JOHN L**  
STREET ADDRESS **25849 ST RD 880**  
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE **PD** ☒ Change ☐ Addition  
NAME **John L. Hundley**  
STREET ADDRESS **25849 County Rd 880**  
CITY-ST-ZIP **Belle Glade, FL 33430**

TITLE **DVP** ☒ Delete  
NAME **HALL, JOSEPH**  
STREET ADDRESS **19620 N COUNTY RD 349**  
CITY-ST-ZIP **O'BRIEN FL 33071**

TITLE **DVP** ☐ Change ☒ Addition  
NAME **Glenn Cox**  
STREET ADDRESS **11991 Riverview Rd**  
CITY-ST-ZIP **Camilla, GA 31730**

TITLE **STD** ☒ Delete  
NAME **MCAIR, HAMILL**  
STREET ADDRESS **RT 3 BOX 396**  
CITY-ST-ZIP **CAMILLA GA 31730**

TITLE **STD** ☒ Change ☐ Addition  
NAME **Joseph Hall**  
STREET ADDRESS **19620 N. County Rd 349**  
CITY-ST-ZIP **O'Brien, FL 32071**

TITLE **AS** ☒ Delete  
NAME **BESS, MIKE**  
STREET ADDRESS **4401 E. COLONIAL DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32814**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Mike Bess**  
STREET ADDRESS **4401 E. Colonial Drive**  
CITY-ST-ZIP **Orlando, FL 32814**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Joe E. Thompson**  
STREET ADDRESS **9180 Branchville Rd**  
CITY-ST-ZIP **Camilla, GA 31730**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **John Bridges, Jr.**  
STREET ADDRESS **P.O. Box 753**  
CITY-ST-ZIP **Brinson, GA 31725**

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: Mike Bess **STATE REQUIRED**

CR2E037 (10/02)