

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

3/21

FILED
Apr 23, 2003 8:00 am
Secretary of State

03-21-2003 90075 022 ****70.00

DOCUMENT # N94000004179

1. Entity Name
FLORIDA CITRUS MARKETERS COOPERATIVE, INC.



55029455



CHECK HERE IF MAKING CHANGES

Principal Place of Business
2000 N KING HWY
FT PIERCE FL 34951

Mailing Address
2000 N KING HWY
FT PIERCE FL 34951

2. Principal Place of Business
210 N. 3rd Ave.
Suite, Apt. #, etc.

3. Mailing Address
210 N. 3rd Ave.
Suite, Apt. #, etc.

City & State
Wauchula, FL

City & State
Wauchula, FL

Zip
33873

Country
USA

Zip
FL

Country
USA

4. FEI Number **65-0517170**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MINTON, JOHN L
4905 4TH ST.
VERO BEACH FL 32982

7. Name and Address of New Registered Agent
Name **Estel W. Kelley**
Street Address (PO Box Number is Not Acceptable)
131 Woden Way SE
City **Winter Haven** FL **33881**

B. 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 *Estel W. Kelley* DATE **1-24-2003**

Signature, typed or printed name of registered agent (not title if applicable). (NOTE: Registered Agent signature required when re-issuing)

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President KELLEY, ESTEL W. 131 WODEN WAY, SE WINTER HAVEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTON, JOHN L 2000 N KING HWY FT PIERCE FL 34951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JR, J 2306 U. S. 27 S AVON PARK FL 33825	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President Estel W. Kelley 131 Woden Way SE Winter Haven, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Director Robert E. Sasser 2000 N King Hwy 210 N. 3rd Ave Wauchula, FL 33873	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Director Tina Grimes 131 Woden Way SE 210 N. 3rd Ave. Wauchula, FL 33873	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Estel W. Kelley* DATE **1/24/03** 863-773-3373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)