## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 03, 2000 8:00 am Secretary of State DOCUMENT # **N94000005859** FLORIDA TANGERINE GROWERS EXCHANGE, INCORPORATED 03-03-2000 90250 037 \*\*\*\*61.25 Mailing Address Principal Place of Business 4401 E. COLONIAL DR. 440f E. COLONIAL DR. ORLANDO FL 32803-5219 ORLANDO FL 32814 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3309392 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BROWN, REGINALD L 4401 E. COLONIAL DR. Dr. Colonial ORLANDO FL 32814 City 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** 1. FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME Jennins II, Rou STREET ADDRESS STREET ADDRESS **400 SOUTH BAY STREET** CITY-ST-ZIP CITY-ST-ZIP **EUSTIS FL** ☐ Change ☐ Addition TITLE D ☐ Delete TITLE NAME NAME STEPHENS, MARTIN STREET ADDRESS STREET ADDRESS 39017 GOLDEN GERN DR CITY-ST-7IP CITY-ST-ZIP umatilla fl = Addition Delete TITLE TITLE Change NAME HALL, GARVIE NAME 2060 80 FOOT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BARTOW FL** ☐ Delete TITLE ☐ Addition NAME ROE, QUENTIN J STREET ADDRESS STREET ADDRESS 500 AVENUE R, SW CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880 Delete Addition TITLE TITLE ☐ Change NAME BROWN, REGINALD L STREET ADDRESS STREET ADDRESS 4401 E COLONIAL DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.