

2001 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # N94000005859

1. Entity Name

FLORIDA TANGERINE GROWERS EXCHANGE, INCORPORATED

Principal Place of Business

Mailing Address

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

**4401 E. COLONIAL DR.
 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

59-3309392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Mike D. Bers

Street Address (P.O. Box Number is Not Acceptable)

4401 E. Colonial Dr.

City

Orlando

FL

Zip Code

32814

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

Mike D. Bers

8/22/01

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	JENNINS II, ROU	
STREET ADDRESS	400 SOUTH BAY STREET	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENS, MARTIN	
STREET ADDRESS	39017 GOLDEN GERN DR	
CITY-ST-ZIP	UMATILLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, MATT	
STREET ADDRESS	4889 N US 1	
CITY-ST-ZIP	VERO BEACH FL 32961-2763	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROE, QUENTIN J	
STREET ADDRESS	500 AVENUE R, SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MCCALLUM, JAY R	
STREET ADDRESS	4401 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32814	
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		<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. Bers	
STREET ADDRESS	4401 E. Colonial	
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:

SIGNATURE REQUIRED

Mike D. Bers

8/22/01

407-894-1351

CR2E037 (5/01)