

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90547 030 ****61.25

DOCUMENT # N94000005859

1. Entity Name

FLORIDA TANGERINE GROWERS EXCHANGE, INCORPORATED



Principal Place of Business

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

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BESS, MIKE
4401 E. COLONIAL DR.
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	<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 type="checkbox"/> Delete
NAME	BESS, MIKE	
STREET ADDRESS	4401 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32814	
TITLE		<input type="checkbox"/> Delete
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
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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: **Mike Bees** **E REQUIRED**

1/21/03 407-894-1351

CR2E037 (10/02)