

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005886

1. Entity Name

GRAPEFRUIT GROWERS EXCHANGE, INCORPORATED

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90012 010 ****61.25

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

59-3309389

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

BROWN, REGINALD L
4401 E COLONIAL DRIVE
ORLANDO FL 32814

7. Name and Address of New Registered Agent

Name

Mike Bess

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 Bess

8-16-00

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 13, 2000 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 ☐ Delete
NAME JACOBS, DARYL C
STREET ADDRESS 5795 GLEN EAGLE LN
CITY-ST-ZIP VERO BEACH FL 32967-7549

TITLE DST ☐ Delete
NAME SOUD, CAREY
STREET ADDRESS ROUTE 2 BOX 1210
CITY-ST-ZIP CLEWISTON FL

TITLE AS ☒ Delete
NAME BROWN, REGINALD L
STREET ADDRESS 4401 E. COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Delete
NAME BROWN, EDGAR A
STREET ADDRESS 13939 INDRIO ROAD
CITY-ST-ZIP FT PIERCE FL 33945

TITLE D ☐ Delete
NAME BEALE, JOSEPH
STREET ADDRESS 1671 THUMBPOINT DRIVE
CITY-ST-ZIP FT PIERCE FL 34949

TITLE D ☐ Delete
NAME SCOTT, DAN C
STREET ADDRESS 1901 S INDIAN RIVER DR
CITY-ST-ZIP FT PIERCE FL 34950

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Change ☒ Addition
NAME Mike D. Bess
STREET ADDRESS 4401 E. Colonial Dr
CITY-ST-ZIP Orlando, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

NEW REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-00

Date

407-894-1351

Daytime Phone #

CR2E037 (5/00)