

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90006 013 ****61.25

DOCUMENT # N94000005886

1. Entity Name

GRAPEFRUIT GROWERS EXCHANGE, INCORPORATED

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

Zip

Country

Zip

Country

4. FEI Number

59-3308389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**BESS, MIKE
 4401 E COLONIAL DRIVE
 ORLANDO FL 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

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 \$238.25**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 JACOBS, DARYL C
 5785 GLEN EAGLE LN
 VERO BEACH FL 32967-7549**

☐ Delete

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

☐ Delete

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

☒ Delete

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BEALE, JOSEPH
 1871 THUMBPOINT DRIVE
 FT PIERCE FL 34949**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 SCOTT, DAN C
 1801 S INDIAN RIVER DR
 FT PIERCE FL 34950**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AS
 Mike D. Bees
 4401 E. Colonial Dr.
 Orlando FL 32814**
☒ Change ☐ Addition

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-01

Date

707-894-151

Daytime Phone

CR2E037 (5/01)