

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000975

1. Entity Name

GROWN IN THE USA COALITION, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90264 027 ****61.25

Principal Place of Business

Mailing Address

4401 EAST COLONIAL DRIVE
ORLANDO FL 32803

POST OFFICE BOX 140155
ORLANDO FL 32814-0155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3418839

Applied For

Not Applicable

Zip

Country

Zip

Country

32803

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

STUART, MICHAEL J

4401 EAST COLONIAL DRIVE

ORLANDO FL 32803

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	STUART, MICHAEL J	4401 EAST COLONIAL DRIVE	ORLANDO FL 32814	<input type="checkbox"/>
D	BUTLER, SCOTTIE J	5700 SW 34TH STREET	GAINESVILLE FL 32614-7030	<input type="checkbox"/>
D	WHITE, LEONARD E	310 SOUTHEAST FIRST STREET STE 1	DELRAY BEACH FL 33483	<input type="checkbox"/>
D	KIRBY, TOM	1850 OLD DIXIE HIGHWAY	HOMESTEAD FL 33033	<input type="checkbox"/>
D	RODRIGUEZ, J L	1451 WEST CYPRESS CREEK ROAD STE 211	FORT LAUDERDALE FL 33309-1953	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 fees empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00

CF2E037 (9/99)