

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

0027233

**DOCUMENT # N96000000975**

1. Entity Name

**GROWN IN THE USA COALITION, INC.**

04-06-2001 90009 015 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

**4401 EAST COLONIAL DRIVE  
 ORLANDO FL 32814**

**POST OFFICE BOX 140155  
 ORLANDO FL 32814**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3418839**

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 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.

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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **STUART, MICHAEL J**  
 CITY-ST-ZIP **4401 EAST COLONIAL DRIVE  
 ORLANDO FL 32814**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BUTLER, SCOTTIE J**  
 CITY-ST-ZIP **5700 SW 34TH STREET  
 GAINESVILLE FL 32614-7030**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **WHITE, LEONARD E**  
 CITY-ST-ZIP **310 SOUTHEAST FIRST STREET STE 1  
 DELRAY BEACH FL 33483**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **KIRBY, TOM**  
 CITY-ST-ZIP **1850 OLD DIXIE HIGHWAY  
 HOMESTEAD FL 33033**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **RODRIGUEZ, J L**  
 CITY-ST-ZIP **1451 WEST CYPRESS CREEK ROAD STE 211  
 FORT LAUDERDALE FL 33309-1953**

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

TITLE ☐ Delete  
 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 changes empowered.

SIGNATURE

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

**Michael J. Stuart**

**4/2/01**

**(407) 894-1351**

Date

Daytime Phone #

CR2E037 (10/00)