

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000975

1. Entity Name

GROWN IN THE USA COALITION, INC.

Principal Place of Business

4401 EAST COLONIAL DRIVE
ORLANDO FL 32814

Mailing Address

POST OFFICE BOX 140155
ORLANDO FL 32814

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3418839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STUART, MICHAEL J
4401 EAST COLONIAL DRIVE
ORLANDO FL 32814

7. Name and Address of New Registered Agent

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition
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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 persons empowered.

SIGNATURE:

Michael J. Stuart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 11, 2002 (407) 894-1351

Date

Daytime Phone #

CR2E037 (9/01)

0088088