

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002925

03-25-2002 90011 018 \*\*\*\*61.25  
N96000002925

1. Entity Name

SOUTHERN PERSIMMON GROWERS ASSOCIATION, INC.

**FILED**

02 MAR 25 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

18353-114 PLACE  
LIVE OAK FL 32060  
US

Mailing Address

18353-114 PLACE  
LIVE OAK FL 32060  
US

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

NOT APPLICABLE

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

HELBING, RICHARD  
18353-114 PLACE  
LIVE OAK FL 32060

Name

Myers, EC

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

14651 NE CR 339

City

Trenton

FL

Zip Code

32693

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 DV  
NAME HELBLING, RICHARD  
STREET ADDRESS 18353-114 PLACE  
CITY-ST-ZIP LIVE OAK FL ☒ Delete

TITLE DS  
NAME MYERS, E C  
STREET ADDRESS 14651 NE CR 339  
CITY-ST-ZIP TRENTON FL ☐ Delete

TITLE DT  
NAME MERCER, JAMES D  
STREET ADDRESS 10351 NW 20 AVE  
CITY-ST-ZIP CHIEFLAND FL ☐ Delete

TITLE D  
NAME BLACKWELL, RICHARD M  
STREET ADDRESS 6115 MAIN ST  
CITY-ST-ZIP NEW PORT RICHEY FL 34653 ☒ Delete

TITLE D  
NAME BRUMMER, SARA L  
STREET ADDRESS 5256 W ANTHONY RD  
CITY-ST-ZIP Ocala FL 34478 ☐ Delete

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

TITLE Director  
NAME Charles Franklin  
STREET ADDRESS 11208 NW 14th Ave  
CITY-ST-ZIP Gainesville FL 32606 ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 7, 2002 352-463-6602  
Date Daytime Phone #

CR2E037 (9/01)