

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90162 046 ****61.25

DOCUMENT # N97000000995

1. Entity Name

FLORIDA GRAPE GROWERS COOPERATIVE ASSOCIATION, I

Principal Place of Business

Mailing Address

18115 DENLO RD
ALTOONA FL 32702
USPO BOX 603
ALTOONA FL 32702-0603
US**013905**

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

59-3464660

Applied For

Not Applied

Zip

Country

Zip

Country

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

STEPHANY, S J
18115 DEMKO ROAD
ALTOONA FL 32702

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 \$61.259. 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 **D** ☐ Delete
NAME **COPELAND, MARIA P**
STREET ADDRESS **1310 NORTH SHORE DRIVE**
CITY-ST-ZIP **LEESBURG FL 34748**TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **STEPHANY, SHIRL J**
STREET ADDRESS **14137 HOSSIN AROUND LANE**
CITY-ST-ZIP **ALTOONA FL 32702**TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **STEPHANY, S J**
STREET ADDRESS **18115 DEMKO ROAD**
CITY-ST-ZIP **ALTOONA FL 32702**TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐
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 other like empowered.

SIGNATURE:

2/3/2000 352.49