

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *099000000995*

1. Entity Name

*Florida Grape Growers Cooperative Association*

FILED

02 JUN 26 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1815 Denko Rd Apt*

3. Mailing Address

*PO Box 603*

Suite, Apt. #, etc.

*Florida*

Suite, Apt. #, etc.

City & State

*Altamonte FL*

City & State

*Altamonte FL*

4. FEI Number

*59-3464660*

Applied For

Not Applicable

Zip

*32702*

Country

*USA*

Zip

*32702*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*J J STEPHANY*

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

City

*Altamonte*

FL

Zip Code

*32702*

**DO NOT WRITE  
IN THIS SPACE**

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

*6/17/02*

**FEE IS \$61.25**

**Initial or Amended UBR**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*Maria Copeland  
1310 North Shore Dr  
Leesburg FL 34748*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**300006207213--4  
-07/05/02--01004--005  
\*\*\*\*297.50 \*\*\*\*297.50**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*John J. Stephany  
14137 Hosslyn Around Lane  
Altamonte FL 32702*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*J J Stephany  
1815 Denko Rd  
Altamonte FL 32702*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**REINSTATEMENT**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*J J Stephany*

*5/21/02 352-669-5293*

CR2E037B (12/01)