

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001265

1. Entity Name

FLORIDA TOBACCO GROWERS ASSOCIATION, INC.

FILED

Jan 28, 2002 8:00 am  
Secretary of State

01-28-2002 90033 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8763 CR 252  
LIVE OAK FL 32060

8763 CR 252  
LIVE OAK FL 32060

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

59-3523099

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

DASHER, GARNET  
8763 CR 252  
LIVE OAK FL 32060

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 P  
NAME DEAS, JON W  
STREET ADDRESS 5854 NW CR 146  
CITY-ST-ZIP JENNINGS FL 32053

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME SACHE, WESLEY  
STREET ADDRESS 13050 NW HWY 129  
CITY-ST-ZIP CHIEFLAND FL 32626

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME TERRY, RICHARD  
STREET ADDRESS RT 1 BOX 2295  
CITY-ST-ZIP MADISON FL 32340

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BREWER, FORD  
STREET ADDRESS PO BOX 393  
CITY-ST-ZIP LAKE CITY FL 32056

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME FLOWERS, JACK  
STREET ADDRESS 20947 136TH ST  
CITY-ST-ZIP LIVE OAK FL 32060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME CURRY, SYLVESTER  
STREET ADDRESS 1990 NW 23RD BLVD  
CITY-ST-ZIP JENNINGS FL 32053

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 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

Jon W. Deas

Date

Daytime Phone #

1-17-02 386-938-2107

CR2E037 (9/01)