

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2001 8:00 am**  
**Secretary of State**

08-06-2001 90068 001 \*\*\*183.75

**DOCUMENT # N97000003227**

1. Entity Name

**THE QUINCY TOMATO GROWERS EXCHANGE, INC.**

Principal Place of Business

Mailing Address

**2140 W JEFFERSON ST  
 QUINCY FL 32351**

**2140 W JEFFERSON ST  
 QUINCY FL 32351**

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

**59-3605079**

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

**MCCALLUM, JAY R  
 4401 E COLONIAL DR  
 ORLANDO FL 32814**

Name **Mike D. Bess**

Street Address (P.O. Box Number is Not Acceptable)  
**4401 E. Colonial Dr.**

City **Orlando**

**FL** Zip Code **32814**

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

*Mike D. Bess*

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  
 After September 12, 2001, min. will be \$236.25**

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 **D** ☐ Delete  
 NAME **VANLANDINGHAM, RICHARD B**  
 STREET ADDRESS **RT 1 BOX 349 SR 65D**  
 CITY-ST-ZIP **GREENBORO FL 32324**

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

TITLE **D** ☐ Delete  
 NAME **ALBRITTON, DONALD O**  
 STREET ADDRESS **1710 FACEVILLE ATTAPULGUS RD**  
 CITY-ST-ZIP **BAINBRIDGE GA 31717**

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

TITLE **D** ☐ Delete  
 NAME **WILLIAMS, PAUL G**  
 STREET ADDRESS **218 N GRAVES ST**  
 CITY-ST-ZIP **QUINCY FL 32351**

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

TITLE **D** ☐ Delete  
 NAME **ODELL, GERARD B JR**  
 STREET ADDRESS **440 S SHELPER ST**  
 CITY-ST-ZIP **QUINCY FL 32351**

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

TITLE **D** ☐ Delete  
 NAME **MAXWELL, WILLIAM M**  
 STREET ADDRESS **218 N GRAVES ST**  
 CITY-ST-ZIP **QUINCY FL 32351**

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

TITLE **D** ☐ Delete  
 NAME **SUBER, W H**  
 STREET ADDRESS **1521 W WASHINGTON ST**  
 CITY-ST-ZIP **QUINCY FL 32351**

TITLE ☐ Change ☐ Addition  
 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

*Mike D. Bess*  
**SIGNATURE REQUIRED**

CR2E037 (5/01)