

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000006872**

1. Entity Name

TROPICAL FRUIT GROWERS EXCHANGE, INCORPORATED

Principal Place of Business

Mailing Address

**4401 E. COLONIAL DR.
ORLANDO FL 32814****4401 E. COLONIAL DR.
ORLANDO FL 32814**

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

59-3509117

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 Bess

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*8/1/01***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	<input type="checkbox"/> Delete
NAME	ACOSTA, ALCIDES	
STREET ADDRESS	21051 KROME AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33030	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, N P	
STREET ADDRESS	18400 SW 256 ST.	
CITY-ST-ZIP	HOMESTEAD FL 33031	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	YAMAMURA, HERBERT	
STREET ADDRESS	25251 SW 139 AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33032	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

08-06-2001 90068 001 ***183.75



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)