

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90038 003 \*\*\*\*61.25

**DOCUMENT # N99000004192**

1. Entity Name

**THE VEGETABLE GROWERS EXCHANGE, INCORPORATED**



Principal Place of Business

4401 EAST COLONIAL DRIVE  
 ORLANDO FL 32814

Mailing Address

PO BOX 140155  
 ORLANDO FL 32814

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☒ Not Applicable

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

BROWN, REGINALD L  
 4401 EAST COLONIAL DRIVE  
 ORLANDO FL 32814

Name Mike Bess Mike Bess  
 Street Address (P.O. Box Number is Not Acceptable)  
4401 E. Colonial Dr.  
 City Orlando, FL **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

7-28-00

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 13, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, DONALD RT. 2 BOX 2775 QUITMAN GA 31643	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBETT, DAVID PO BOX 932 LAKE PARK GA 31636	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, KENT T 2775 ELLENTON-NORMAN PARK RD. NORMAN PARK GA 31771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIM, WILLIAM L P.O. BOX 822 TIFTON GA 31794	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, JOE 423 SOUTHERFIELD RD. AMERICUS GA 31709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK, GIBBS JR. 165 COLLEGE AVE. OMEGA GA 31775	<input type="checkbox"/> Delete

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

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 Bess **REQUIRED**

7-11-00

407-894-1351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)



# Florida Fruit & Vegetable Association

Doc# N99000004192

107376

4401 E. Colonial Drive  
P.O. Box 140155  
Orlando, Florida 32814  
(407) 894-1351 • Fax (407) 894-7840  
www.ffva.com

Peter S. Hartlee, Jr., Chairman of the Board  
Hugh M. English, Vice Chairman  
Michael J. Stuart, President

July 11, 2000

Katherine Harris  
Florida Department of State  
Division of Corporations  
Uniform Business Report Filing  
P. O. Box 1500  
Tallahassee, FL 32302-1500

**RE: Document # N99000004192**

Dear Ms. Harris:

The Vegetable Grower Exchange submitted a check in the amount of \$61.25 in February of 2000. I was advised in a July 11 telephone conversation with a representative of your office that a Federal Employer I. D. number was needed for our Uniform Business Report.

The Vegetable Growers Exchange has no employees. Accordingly, I have marked "not applicable" in box 4 on the enclosed Uniform Business Report.

Please let me know if anything further is needed.

Sincerely,

A handwritten signature in cursive script that reads "Mike D. Bess".

Mike D. Bess

Manager

Marketing Management Service