

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

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

0004234

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

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

**BESS, MIKE  
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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 Bess*

CR2E037 (5/01)