

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91516 001 ***183.75

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BESS, MIKE D
4401 E COLONIAL DRIVE
ORLANDO FL 32814**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **SPENCER, DONALD**
STREET ADDRESS **RT. 2 BOX 2775**
CITY-ST-ZIP **QUITMAN GA 31643**

TITLE **D** ☐ Delete
NAME **CORBETT, DAVID**
STREET ADDRESS **PO BOX 932**
CITY-ST-ZIP **LAKE PARK GA 31636**

TITLE **D** ☐ Delete
NAME **HAMILTON, KENT T**
STREET ADDRESS **2775 ELLENTON-NORMAN PARK RD.**
CITY-ST-ZIP **NORMAN PARK GA 31771**

TITLE **D** ☐ Delete
NAME **BRIM, WILLIAM L**
STREET ADDRESS **P.O. BOX 822**
CITY-ST-ZIP **TIFTON GA 31794**

TITLE **D** ☐ Delete
NAME **FLETCHER, JOE**
STREET ADDRESS **423 SOUTHERFIELD RD.**
CITY-ST-ZIP **AMERICUS GA 31709**

TITLE **D** ☐ Delete
NAME **PATRICK, GIBBS JR.**
STREET ADDRESS **165 COLLEGE AVE.**
CITY-ST-ZIP **OMEGA GA 31775**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

S. Mike D. Bees
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-02

407-894-1351

CR2E037 (9/01)