

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004403

1. Entity Name

SOUTHEAST PRODUCE COUNCIL, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90041 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2328 ROTHENFELD COURT  
LAND O'LAKES FL 34639

2328 ROTHENFELD COURT  
LAND O'LAKES FL 34639-5462

2. Principal Place of Business

3. Mailing Address

2922 112th Terrace East 2922 112th Terrace East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Parrish, FL

City & State

Parrish, FL

4. FEI Number

59-3588273

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

VORHEES, TERRY  
2328 ROTHENFELD COURT  
LAND O'LAKES FL 34639

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME VORHEES, TERRY  
STREET ADDRESS 2328 ROTHENFELD COURT  
CITY-ST-ZIP LAND O'LAKES FL 34639

TITLE Director ☐ Change ☒ Addition  
NAME MARTIN EUBANKS  
STREET ADDRESS PO Box 11280  
CITY-ST-ZIP Columbia, SC 29211

TITLE D ☒ Delete  
NAME PAGE, TOM  
STREET ADDRESS 600 SELIG DR. SW  
CITY-ST-ZIP ATLANTA GA 30336

TITLE Director ☐ Change ☒ Addition  
NAME Kenneth Lanhardt  
STREET ADDRESS 420 Thornton Road  
CITY-ST-ZIP Lithia Springs, GA 30122

TITLE D ☐ Delete  
NAME WATSON, WILLIAM  
STREET ADDRESS 3113 LAWTON RD., #225  
CITY-ST-ZIP ORLANDO FL 32803

TITLE Director ☐ Change ☒ Addition  
NAME Mike Kamphaus  
STREET ADDRESS 600 Selig Drive SW  
CITY-ST-ZIP Atlanta, GA 30336

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)