2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90167 025 ***150.00

DOCUMENT # P00000000633

1. Entity Name

HAINES CITY CITRUS GROWERS ASSOCIATION SERVICES,

Principal Place of Business	Mailing Address
#8 RAILROAD AVE CITY FL 33844	#8 RAILROAD AVE HAINES CITY FL 33844

A0021376

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P. O. Box 337 Suite, Apt. #, etc.
City & State	City & State: Haines City, FL
Zip / Country	Zip: 33845 / Country: USA

4. FEI Number: 59-3615728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LATHAM, PETER G
KAY, GRONEK & LATHAM, LLP
390 N ORANGE AVE, SUITE 600
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name: Dennis P. Broadaway
Street Address (P.O. Box Number is Not Acceptable): #8 Railroad Avenue
City: Haines City, FL Zip Code: 33844

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: Dennis P. Broadaway DATE: 2/4/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
Dennis P. Broadaway, Exe. Vice President/Gen. Mgr.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director Robert Turner 899 W. Lake Otis Drive Winter Haven FL 33880 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st Vice-President/Director James Bankright 5600 E. Silo Bronson Hwy St. Cloud, FL 34771 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd Vice-President/Director Irving Wheeler P.O. Box 2796 Winter Haven, FL 33884 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary-Treasurer H.R. Hamrick 11901 Holly Block DR. Tampa, FL 33647 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Tom Rocker 2740 Sequoyah DR Haines City, FL 33844 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Harold Mosteller 454 Pinehurst Court Winter Haven, FL 33884 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: H.R. Hamrick DATE: 2/4/00 Daytime Phone #: (863)422-1174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
H.R. Hamrick, Sec/Treas.