

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90023 034 ***150.00

DOCUMENT # P00000000641

1. Entity Name

HAINES CITY CITRUS GROWERS ASSOCIATION AGRISERV

Principal Place of Business

Mailing Address

#8 RAILROAD AVE
CITY FL 33844#8 RAILROAD AVE
HAINES CITY FL 33844

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3615721

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

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. BroadawayStreet Address (P.O. Box Number is Not Acceptable)
2050 W. Lake Hamilton DriveCity
Winter Haven

FL

Zip Code
33881

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.

(If Off. Registered Agent signature required, when constituting)

DATE

Dennis P. Broadaway, Exe. Vice President/Gen. Mgr.

2/7/00

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 State10. 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	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President/Director	Robert Turner	899 W. Lake Otis Dr.	Winter Haven FL 33880	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1st Vice President/Director	James Bauknight	5600 E. IRD Blonson Hwy	St. Cloud FL 34771	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2nd Vice President/Director	Terry Wheeler	P.O. Box 2796	Winter Haven, FL 33882	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary-Treasurer	H.R. Hamrick	17901 Holly Brook Dr.	Tampa FL 33647	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Harold Motter	454 Pinahurst Court	Winter Haven, FL 33884	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Tom Rucker	2740 Sequoyah Dr	Haines City, FL 33844	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/00 (863) 422-1174

CR2E034 (9/99)