

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000641

1. Entity Name

HCCGA AGRISERVICES, INC.

Principal Place of Business

Mailing Address

#8 RAILROAD AVE
HAINES 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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROADWAY, DENNIS P
2050 W LAKE HAMILTON DR
WINTER HAVEN FL 33881

Name

~~Broadway, Dennis P.~~
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 re/instating)

DATE

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TURNER, ROBERT	
STREET ADDRESS	899 W LAKE OTIS DR	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	1VD	<input type="checkbox"/> Delete
NAME	BAUKNIGHT, JAMES	
STREET ADDRESS	5600 E IRIS BRONSON HWY	
CITY-ST-ZIP	SAINT CLOUD FL 34771	
TITLE	2VD	<input type="checkbox"/> Delete
NAME	WHEELER, IRVING	
STREET ADDRESS	PO BOX 2496	
CITY-ST-ZIP	WINTER HAVEN FL 33882	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HAMRREK, H R	
STREET ADDRESS	17901 HOLLY BROOK DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCTEER, HAROLD	
STREET ADDRESS	454 PINEHURST CT	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROCKER, TOM	
STREET ADDRESS	2740 SEQUOYAH	
CITY-ST-ZIP	HAINES CITY FL 33844	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hamrick, H R	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01

(863)422-1174

0630632

CR2E034 (10/00)