

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002895

1. Entity Name

GROWERS RISK MANAGEMENT, INC.

Principal Place of Business

206 N. 6TH ST.
WAUCHULA FL 33873

Mailing Address

206 N. 6TH ST.
WAUCHULA FL 33873

2. Principal Place of Business

3. Mailing Address

P.O. Box 1733

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WAUCHULA, FL

Zip

Country

Zip

Country

33873

USA

6. Name and Address of Current Registered Agent

ALBRITTON, JOSEPH R
206 N. 6TH ST.
WAUCHULA FL 33873

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PSD	ALBRITTON, JOSEPH R	P.O. BOX 1733	WAUCHULA FL 33873	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SEE, JAMES V JR.	107 OAK FORREST	WAUCHULA FL 33873	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ALBRITTON, BENNY W SR.	P.O. BOX 1784	WAUCHULA FL 33873	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ALBRITTON, BEN W JR.	P.O. BOX 1784	WAUCHULA FL 33873	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	HURST, JAMES JR.	101 AVE. C, S.W., STE. 502	WINTER HAVEN FL 33880	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input 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)(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

JOSEPH R. ALBRITTON

Date

Daytime Phone #

863-767-1257

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90044 015 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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