

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90194 013 ***150.00

DOCUMENT # P00000042373

1. Entity Name

FLORIDA ORGANIC GROWERS, INC.

Principal Place of Business

**1706 S. KINGS AVENUE
 BRANDON FL 33511-6216**

Mailing Address

**1706 S. KINGS AVENUE
 BRANDON FL 33511-6216**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. BOX 888

Suite, Apt. #, etc.

City & State

BRANDON, FL

Zip

33509-0888

Country

USA

4. FEI Number

59-3661969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TOMPKINS, H. CHRISTOPHER II
 1706 S. KINGS AVENUE
 BRANDON FL 33511-6216**

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

TITLE **STD** ☒ Delete
 NAME **FORD, ELIZABETH**
 STREET ADDRESS **5411 ST. HELENA ROAD**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **VD** ☐ Delete
 NAME **SPRINGER, KRISTA L**
 STREET ADDRESS **1706 S. KINGS AVENUE**
 CITY-ST-ZIP **BRANDON FL 33511-6216**

TITLE **PD** ☐ Delete
 NAME **TOMPKINS, H. CHRISTOPHER II**
 STREET ADDRESS **1706 S. KINGS AVENUE**
 CITY-ST-ZIP **BRANDON FL 33511-6216**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

Date

Daytime Phone #

CR2E034 (10/00)