

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90114 029 ***150.00

DOCUMENT # P00000048249

1. Entity Name
GANT GROWERS, INC.

Principal Place of Business 2751-B TAMiami TRAIL PORT CHARLOTTE FL 33952	Mailing Address 2751-B TAMiami TRAIL PORT CHARLOTTE FL 33952
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610722



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8114 S.W. Barnwell St. Suite, Apt. #, etc.	3. Mailing Address 8114 S.W. Barnwell St. Suite, Apt. #, etc.
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City & State Arcadia, FL	City & State Arcadia, FL
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4. FEI Number 65-1007973	Applied For Not Applicable
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Zip 34266	Country USA	Zip 34266	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GANT, GREGORY D
2751-B TAMiami TRAIL
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8114 S.W. Barnwell St.

City **Arcadia** FL Zip Code **34266**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D GANT, STEVEN D <input checked="" type="checkbox"/> Delete 10058 S.W. GANT ROAD ARCADIA FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANT, GREGORY D <input type="checkbox"/> Delete 10058 S.W. GANT ROAD ARCADIA FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8114 S.W. Barnwell St. Arcadia, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Gregory D. Gant** 1-19-01 863-494-4909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)