

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000048249****1. Entity Name**  
**GANT GROWERS, INC.****FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90114 029 \*\*\*150.00

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

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.**City & State**  
Arcadia, FL**City & State**  
Arcadia, FL**4. FEI Number**  
65-1007973**Applied For**  
Not Applicable**Zip**  
34266**Country**  
USA**Zip**  
34266**Country**  
USA**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****GANT, GREGORY D**  
2751-B TAMiami TRAIL  
PORT CHARLOTTE FL 33952**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**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
D  
GANT, STEVEN D ☒ Delete  
10058 S.W. GANT ROAD  
ARCADIA FL 34266**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Change ☐ Addition  
P  
8114 S.W. Barnwell St.  
Arcadia, FL 34266**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
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☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory D. Gant

Date

Daytime Phone #

1-19-01 863-494-4909

CR2E034 (10/00)