

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State
 04-21-2002 90868 046 ***158.00

DOCUMENT # P00000104271

1. Entity Name
HARVEST COOPERATIVE FARMS, INC.

Principal Place of Business
1312 W NEW MARKET RD. #1
IMMOKALEE FL 34142

Mailing Address
1312 W NEW MARKET RD. #1
IMMOKALEE FL 34142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

#59-3712713

4. FEI Number **APPLIED FOR** **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

NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE FL 32301

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 _____ **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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	NOGAJ, RICHARD J	
STREET ADDRESS	1312 W NEW MARKET ROAD	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	VTSD	<input type="checkbox"/> Delete
NAME	NOGAJ, FLORENCE A	
STREET ADDRESS	1312 W NEW MARKET ROAD	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, RENE G	
STREET ADDRESS	1312 W NEW MARKET ROAD	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Florence A. Nogaj, Sec/Treas* **FLORENCE A. NOGAJ** **4-10-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-657-4888

Date Daytime Phone #

CR2E034 (9/01)