

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90306 027 \*\*\*150.00

**DOCUMENT # P01000114195**  
**1. Entity Name**  
**ALL-FLORIDA CITRUS GROWERS ASSOCIATION, INC.**

**Principal Place of Business**      **Mailing Address**  
**P.O. BOX 230**      **P.O. BOX 230**  
**UMATILLA FL 32784**      **UMATILLA FL 32784**

**2. Principal Place of Business**      **3. Mailing Address**  
**2702 Lust Rd.**      **2702 Lust Rd.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
**Apopka, FL**      **Apopka, FL**  
**Zip**      **Country**      **Zip**      **Country**  
**32703**      **USA**      **32703**      **USA**

**4. FEI Number**      **Applied For**  
**03-0400241**      **Not Applicable**  
**5. Certificate of Status Desired**      ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LATHAM, PETER G**  
**390 N ORANGE AVE, STE 600**  
**ORLANDO FL 32801**

**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.**      ☒ **FILE NOW!!! FEE IS \$150.00**  
**(See criteria on back)**      **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	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>NAUGLE, JOHN H</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>P.O. BOX 11248</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33680</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>POWELL, JIM</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>2008 CAPRI RD</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>VALRICO FL 33594</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ARNOLD, MONROE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>14627 NW 34 TERR</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>OKEECHOBEE FL 34972</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>CLONTS, REX</b>	<b>NAME</b>	<b>President; Director</b>
<b>STREET ADDRESS</b>	<b>2702 LUST RD</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>APOPKA FL 32703</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:** REX CLONTS, JR      **3-8-02**      **407-886-2490**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **Date**      **Daytime Phone #**

CR2E034 (9/01)