

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90329 031 ***150.00

DOCUMENT # P95000082749

1. Entity Name
THE PRODUCE PLACE, INC.

Principal Place of Business 7300 W. NEWBERRY ROAD GAINESVILLE FL 32605	Mailing Address 7300 W. NEWBERRY ROAD GAINESVILLE FL 32605-4321
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3388218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
CLEMONS, MICHELE
7300 W. NEWBERRY ROAD
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent
 Name: **ROSA M. FICK**
 Street Address (P.O. Box Number is Not Acceptable): **1015 NW 107 TERR**
 City: **GAINESVILLE** FL Zip Code: **32606**

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: **ROSA M. FICK** (Signature, typed or printed name of registered agent and title if applicable) *Rosa M Fick* (NOTE: Registered Agent signature required when constituting) 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, 2000 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	P <input checked="" type="checkbox"/> Delete
NAME	CLEMONS, ALEC
STREET ADDRESS	7300 NEWBERRY RD.
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	<input checked="" type="checkbox"/> Delete
NAME	VPT
STREET ADDRESS	CLEMONS, MICHELE
CITY-ST-ZIP	7300 NEWBERRY RD.
	GAINESVILLE FL 32605
TITLE	<input type="checkbox"/> Delete
NAME	VP
STREET ADDRESS	FICK, LOUIS N
CITY-ST-ZIP	1015 NW 107 TERR
	GAINESVILLE FL 32606
TITLE	<input type="checkbox"/> Delete
NAME	VP
STREET ADDRESS	FICK, ROSA M
CITY-ST-ZIP	1015 NW 107 TERR
	GAINESVILLE FL 32606
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPT
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: **SIGNATURE REQUIRED** *Rosa M Fick*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **05-01-00** Daytime Phone #: **352-331-3020**

CR2E034 (9/99)