

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90064 034 ***150.00

DOCUMENT # P96000040990

1. Entity Name

S.C. WHOLESALE PRODUCE COMPANY

Principal Place of Business

Mailing Address

11113 SHEFFIELD RD
 SPRINGHILL FL 34608

P O BOX 3697
 SPRINGHILL FL 34611-3697

2. Principal Place of Business

274 Rusk Circle
 Suite, Apt. #, etc.

3. Mailing Address

Same
 Suite, Apt. #, etc.

City & State

Spring hill, FLORIDA

City & State

City & State

4. FEI Number

59-3374197

Applied For

Not Applicable

Zip

34606

Country

HONADO

Zip

Country

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

DERESPIRIS, DOUGLAS M
 11113 SHEFFIELD RD
 SPRINGHILL FL 34608

Name

DERESPIRIS, DOUGLAS M

Street Address (P.O. Box Number is Not Acceptable)

274 Rusk Circle

City

Spring hill

FL

Zip Code

34606

ADDRESS change only

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.

Douglas M. Derespis

(NOTE: Registered Agent signature required when reinstating)

1/25/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PVST DERESPIRIS, D**
 STREET ADDRESS **11113 SHEFFIELD RD**
 CITY-ST-ZIP **SPRINGHILL FL**

TITLE Change Addition
 NAME **PVST DERESPIRIS, D**
 STREET ADDRESS **274 Rusk Circle**
 CITY-ST-ZIP **Springhill, FL 34606**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas M. Derespis

Date

Daytime Phone #

1/25/2000 (352) 628-5939

CR2E034 (9/99)