

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90452 008 \*\*\*150.00

0519742

**DOCUMENT # P97006026077**

1. Entity Name

**FLORIDA SCRUB GROWERS, INC.**

Principal Place of Business

**3210 W. CHAPIN AVE.  
TAMPA FL 33611**

Mailing Address

**3212 W. CHAPIN AVE.  
TAMPA FL 33611**

2. Principal Place of Business

**3212 W. Chapin Avenue**

Suite, Apt. #, etc.

3. Mailing Address

**Same as business**

Suite, Apt. #, etc.

City & State

**Tampa, FL 33611**

City & State

**Tampa, FL 33611**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

**33611**

Country

**Hillsborough**

Zip

**33611**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CASH, B. LESLIE SR  
3212 W. CHAPIN AVE.  
TAMPA FL 33611**

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 B. Leslie Cash Sr.  
Signature, typed or printed name of registered agent and title if applicable.

B. Leslie Cash Sr.  
(NOTE: Registered Agent signature required when reinstating)

03/08/01  
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  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete  
NAME **CASH, B. LESLIE**  
STREET ADDRESS **3212 W CHAPIN**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **VSD** ☐ Delete  
NAME **CASH, BERTHA M**  
STREET ADDRESS **3212 W CHAPIN AVE**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Bertha M Cash Bertha M Cash  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-08-01 813 831-1940  
Date Daytime Phone #

CR2E034 (10/00)