

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078065

1. Entity Name

FLORIDA'S NATURAL GROWERS, INC.

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

05-18-2000 90292 008 ***150.00

Principal Place of Business

Mailing Address

650 US HWY 27 N
 LAKE WALES FL 33853

650 US HWY 27 N
 LAKE WALES FL 33853-3025

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 **59-3520336**

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

HENDRY, WILLIAM J
 650 US HIGHWAY 27
 LAKE WALES FL 33853

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.
 (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 PD ☐ Delete
 NAME HUNT, FRANK
 STREET ADDRESS 952 LAKESHORE BLVD
 CITY-ST-ZIP LAKE WALES FL 33853

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

TITLE VP ☐ Delete
 NAME LINCER, WALTER M
 STREET ADDRESS 4907 WILLOW BROOK CIRCLE
 CITY-ST-ZIP WINTER HAVEN FL

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

TITLE EVP ☐ Delete
 NAME CARUSO, STEPHEN M
 STREET ADDRESS 1355 S. SUMMERLIN AVENUE
 CITY-ST-ZIP ORLANDO FL

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

TITLE T ☐ Delete
 NAME HENDRY, WILLIAM J
 STREET ADDRESS 4717 LAKEGROVE LANE
 CITY-ST-ZIP ORLANDO FL 32806

TITLE T ☒ Change ☐ Addition
 NAME HENDRY, WILLIAM J
 STREET ADDRESS 1717 LAKEGROVE LANE
 CITY-ST-ZIP ORLANDO, FL 32806

TITLE FVP ☐ Delete
 NAME RALEY, WILLIAM L
 STREET ADDRESS LAKE ELOISE DRIVE
 CITY-ST-ZIP WINTER HAVEN FL

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

TITLE ☐ Delete
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(863) 676-1411

CR2E034 (9/99)