

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080034

1. Entity Name

CGRN DISTRIBUTORS CORPORATION

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90053 003 \*\*\*158.75

Principal Place of Business

4839 SW 148TH AVENUE  
SUITE 428  
DAVIE FL 33330

Mailing Address

4839 SW 148TH AVENUE  
SUITE 428  
DAVIE FL 33330-2129

2. Principal Place of Business

330 S Corporate Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. Lauderdale, Florida

City & State

Zip

33331

Country

Country

4. FEI Number

65-0864135

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMSON, ROBERT W SR  
4839 SW 148TH AVENUE  
SUITE 428  
DAVIE FL 33330

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.  
(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 D  
NAME THOMSON, GIOCONDA A  
STREET ADDRESS 4839 SW 148TH AVENUE STE 428  
CITY-ST-ZIP DAVIE FL 33330 ☐ Delete

TITLE VTSD  
NAME THOMSON, ROBERT W SR  
STREET ADDRESS 4839 SW 148TH AVENUE STE 428  
CITY-ST-ZIP DAVIE FL 33330 ☐ Delete

TITLE PD  
NAME LEHMAN, SCOTT  
STREET ADDRESS 4839 SW 148TH AVENUE STE 428  
CITY-ST-ZIP DAVIE FL 33330 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE P/CEO/D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE D  
NAME Chuck Hemphill  
STREET ADDRESS 4839 S.W. 148th Avenue Suite 428  
CITY-ST-ZIP Davie, FL 33330 ☐ Change ☒ Addition

TITLE D  
NAME Ken Salomone  
STREET ADDRESS 4839 S.W. 148th Ave Suite 428  
CITY-ST-ZIP Davie, FL 33330 ☐ Change ☒ Addition

TITLE D  
NAME John Crouthamel  
STREET ADDRESS 4839 S.W. 148th Ave Suite 428  
CITY-ST-ZIP Davie, FL 33330 ☐ Change ☒ Addition

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

4/24/00

Date

263  
877-260-3030

Daytime Phone #

CR2E034 (9/99)