

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013167

1. Entity Name

NORTH LAKE GROWERS, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90012 047 ***150.00

Principal Place of Business

15550 HIGHWAY 441 NORTH
OKEECHOBEE FL 34972

Mailing Address

15550 HWY. 441 N
POST OFFICE BOX 3135
OKEECHOBEE FL 34972-0155
34972

2. Principal Place of Business

3. Mailing Address

15550 HWY 441 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OKEECHOBEE FL

4. FEI Number

65-0894728

Applied For

Not Applicable

Zip

Country

Zip

Country

34972 OKEECHOBEE

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

HIRSCH, ROBERT H
3050 NE 40 STREET
FORT LAUDERDALE FL 33308

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

1-12-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HIRSCH, ROBERT H
STREET ADDRESS 3050 NE 40 STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33308
☐ Delete

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

TITLE STD
NAME AUCAMP, JAMES G JR.
STREET ADDRESS 13201 SW 16 COURT
CITY-ST-ZIP DAVIE FL 33325
☐ Delete

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

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CITY-ST-ZIP
☐ 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 to this address, or on all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert H. Hirsch

Date

1-12-01

Daytime Phone #

954-214-6664

CR2E034 (10/00)