

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031382

1. Entity Name

REDLAND GROWERS EXCHANGE, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90126 044 ***150.00

Principal Place of Business

641
637 HWY. 17 SOUTH
WAUCHULA FL 33873

Mailing Address

P.O. BOX 1563
WAUCHULA FL 33873-1563

2. Principal Place of Business

3. Mailing Address

PO Box 3211

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY LARGO FL

Zip

Country

33037

USA

4. FEI Number

US-0945211

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

BASSO, FRANK T JR.

641 637 HWY. 17 SOUTH
WAUCHULA FL 33873

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 Frank T. Basso Jr. President

4-27-00

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 President ☐ Delete
NAME Frank T. Basso Jr.
STREET ADDRESS 936 Pinellas Bay Way South #2
CITY-ST-ZIP Tierra Verde FL 33715

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

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00
Date

305-453-0050
Daytime Phone #

CR2E034 (9/99)