

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90901 032 ***150.00

0588098 AT

DOCUMENT # P99000034571

1. Entity Name

ENVIROPONICS GROWERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**BONIFAY STATE FARMERS' MARKET
 ROOM A HWY 90 EAST
 BONIFAY FL 32425
 US**

**PO BOX 806
 COTTONDALE FL 32431**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Woodland Springs Farm

203 Willard Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1446 Prosser Lane

City & State

City & State

Westville FL

Fort Walton Beach FL

Zip

Country

Zip

Country

32464

USA

32548

USA

4. FEI Number

52-2200154

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

FELLOWS, CLYDE H

1474 HWY 69

GRAND RIDGE FL 32442

Name

Susan Roeser

Street Address (P.O. Box Number is Not Acceptable)

203 Willard Rd

FT. Walton Beach

City

FL

Zip Code

32548

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

Susan L. Roeser

Susan L. Roeser

3/25/02

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. ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 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 **D** ☐ Delete
 NAME **GRAY, BILL**
 STREET ADDRESS **145-BREAKFAST POND DRIVE**
 CITY-ST-ZIP **ASHFORD AL 36312**

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

TITLE **TD** ☒ Delete
 NAME **CAMPBELL, RICHARD A**
 STREET ADDRESS **3629 HWY. 231**
 CITY-ST-ZIP **COTTONDALE FL 32448**

TITLE **STO** ☐ Change ☒ Addition
 NAME **Roeser, Steve**
 STREET ADDRESS **203 Willard Rd**
 CITY-ST-ZIP **Fort Walton Beach FL 32548**

TITLE **PD** ☒ Delete
 NAME **ROESER, SUSAN**
 STREET ADDRESS **203 WILLARD**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Jordan, Charles**
 STREET ADDRESS **717 Maddox Rd**
 CITY-ST-ZIP **Marianna FL 32448**

TITLE **VD** ☒ Delete
 NAME **METZLER, STEVE**
 STREET ADDRESS **4048 CHARLES CIRCLE**
 CITY-ST-ZIP **PACE FL 32571**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Chauers, Larry**
 STREET ADDRESS **263 Echo Circle**
 CITY-ST-ZIP **Fort Walton Beach FL 32548**

TITLE **SD** ☒ Delete
 NAME **HUTZEL, CHRIS**
 STREET ADDRESS **2035 PALMVIEW RD**
 CITY-ST-ZIP **COTTONDALE FL 32431**

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

TITLE **D** ☐ Delete
 NAME **WELLS, ALLEN**
 STREET ADDRESS **911-DEBORAH STREET**
 CITY-ST-ZIP **DOTHAN AL 36301**

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:

Stacy C. Roeser

3/25/02

850 244 8630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)