

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90107 027 ***150.00

DOCUMENT # P99000095453

1. Entity Name

ACCELERATOR-GROWERS-ASSOCIATION, INC.

CERTIFIED TREE GROWERS ASSOCIATION

Principal Place of Business

1283 RANCHETT RD.
W. PALM BEACH FL 33415

Mailing Address

1283 RANCHETT RD.
W. PALM BEACH FL 33415

2. Principal Place of Business

5680 Sabal Palm Lane

Suite, Apt. #, etc.

3. Mailing Address

5680 Sabal Palm Lane

Suite, Apt. #, etc.

City & State
Punta Gorda, FL

Zip
33982

Country
USA

City & State
Punta Gorda, FL

Zip
33982

Country
USA

4. FEI Number **65-0991122**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS ST., STE. 2
TALLAHASSEE FL 32301-4546

7. Name and Address of New Registered Agent

Name
Claude H. Collier

Street Address (P.O. Box Number is Not Acceptable)
5680 Sabal Palm Lane

City
Punta Gorda

FL

Zip Code
33982

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, 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

TITLE **P** ☒ Delete
NAME **TEDDER, JOHN**
STREET ADDRESS **1991 INDUSTRIAL DRIVE**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **VP** ☐ Delete
NAME **WESTENBERGER, LOREN**
STREET ADDRESS **2030 58TH STREET NORTH**
CITY-ST-ZIP **CLEARWATER FL 34620**

TITLE **T** ☐ Delete
NAME **TAPPAN, FELICIA**
STREET ADDRESS **30902 TAYLOR GRADE ROAD**
CITY-ST-ZIP **DUETTE FL 33834**

TITLE **S** ☒ Delete
NAME **MORRIS, CLIVE**
STREET ADDRESS **7550 LORRAINE ROAD**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **ED** ☒ Delete
NAME **MOCK, TERRY**
STREET ADDRESS **1283 RANCHETTE ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Claude H. Collier**
STREET ADDRESS **5680 Sabal Palm Lane**
CITY-ST-ZIP **Punta Gorda, FL 33982**

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

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

TITLE **S** ☒ Change ☐ Addition
NAME **Tappan, Felicia**
STREET ADDRESS **30902 Taylor Grade Road**
CITY-ST-ZIP **Duette, FL 33834**

TITLE **ED** ☒ Change ☐ Addition
NAME **Claude H. Collier**
STREET ADDRESS **5680 Sabal Palm Lane**
CITY-ST-ZIP **Punta Gorda, FL 33982**

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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)