NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State

06-18-2002 90484 024 ***550.00

DOCUMENT # P99000095453

1. Entity Name
Certified Tree Growers Association

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5680 Sabal Palm Lane
Suite, Apt. #, etc.
City & State: Punta Gorda, FL
Zip: 33982 Country: Charlotte

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 650991122 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 resigning) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P, ED
NAME	CLAUDE H. COLLIER
STREET ADDRESS	5680 SABAL PALM LANE
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	VP
NAME	LOREN WESTENBERGER
STREET ADDRESS	2030 58 STREET N.
CITY-ST-ZIP	CLEARWATER, FL 34620
TITLE	T
NAME	FELICIA TAPPAN
STREET ADDRESS	30902 TAYLOR GRADE RD
CITY-ST-ZIP	DUETTE, FL 33834
TITLE	S
NAME	FELICIA TAPPAN
STREET ADDRESS	30902 TAYLOR GRADE RD
CITY-ST-ZIP	DUETTE, FL 33834
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Felicia Tappan FELICIA TAPPAN 6-12-02 (941) 776-1480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #