

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # U00015

1. Entity Name

RIVER GEM GROWERS COOPERATIVE, INC.

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90058 034 ****61.25

0067526

Principal Place of Business 39017 GOLDEN GEM DRIVE P.O. DRAWER 9 UMATILLA FL 32784-9658	Mailing Address 39017 GOLDEN GEM DRIVE P.O. DRAWER 9 UMATILLA FL 32784-9658
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14521 Lake Yale Rd. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 451 Suite, Apt. #, etc.
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City & State Umatilla FL	City & State Umatilla FL
Zip 32784	Zip 32784
Country USA	Country USA

4. FEI Number 59-2926919	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CONANT, PHILIP D. 39017 GOLDEN GEM DRIVE UMATILLA FL 32784

7. Name and Address of New Registered Agent Name John F. Nelson Jr. Street Address (P.O. Box Number is Not Acceptable) 14521 Lake Yale Rd. City Umatilla FL Zip Code 32784

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 John F. Nelson Jr. J.F. Nelson Jr. DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAT CONANT, PHILIP D. 2900 PECAN AVE ROYAL OAK ESTATES LEESBURG FL 34748 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS COLLIER, EDWARD C 45337 BIG OAK ROAD ALTOONA FL 32702 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CROOKER, JAMES C. 32816 SCENIC HILLS DRIVE MOUNT DORA FL 32757 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP BUTTERFIELD, CRAIG 751 OLD MOUNT DORA ROAD EUSTIS FL 32726 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSAT NELSON, J F JR 14521 LAKE YALE ROAD UMATILLA FL 32784 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTAS Thomas L. Burkett 29345 S.E. Highway 42 Umatilla, FL 32784 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC George C. Dannels 816 Liberty Court De Land, FL 32724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John F. Nelson Jr. J.F. Nelson Jr. DATE 2-28-02 DAYTIME PHONE # 352-669-4415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)