

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # U00037

1. Entity Name

FLORIDA SOD GROWERS COOPERATIVE, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90185 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PO BOX 1779  
ARCADIA FL 34265  
US

PO BOX 1779  
ARCADIA FL 34265-1779  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0162549

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

LUBRANO, ANDREW J.  
101 E. KENNEDY BLVD.  
SUITE 3700  
TAMPA FL 33602

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 *X*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **BRADY, ROBBIE**  
STREET ADDRESS **PO BOX 418**  
CITY-ST-ZIP **OKEECHOBEE FL 34973**

TITLE ☒ Change ☐ Addition  
NAME **6705 SW Woodbine Way**  
STREET ADDRESS **Palm City, FL 34990**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **JUMPER, ARLEN**  
STREET ADDRESS **PO BOX 128**  
CITY-ST-ZIP **FT MCCOY FL 32134**

TITLE ☒ Change ☐ Addition  
NAME **Jumper, Arlen**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **DYMOND, DAVE**  
STREET ADDRESS **4699 N.CANOE CREEK**  
CITY-ST-ZIP **KENANSVILLE FL 34739**

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

TITLE **D** ☒ Delete  
NAME **DIAMOND, DAVE**  
STREET ADDRESS **4699 NORTH CANOE CREEK**  
CITY-ST-ZIP **KEANERVILLE FL 34739**

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

TITLE **~~DAVE~~** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition  
NAME **Jack Bisphan**  
STREET ADDRESS **7850 Ibis Street**  
CITY-ST-ZIP **Sarasota, FL 34241**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **President** ☐ Change ☒ Addition  
NAME **Ray Cuthers**  
STREET ADDRESS **PO Box 1779**  
CITY-ST-ZIP **Arcadia, FL 34265**

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/93)