

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90124 041 \*\*\*\*61.25

**DOCUMENT # U00037**

1. Entity Name

**FLORIDA SOD GROWERS COOPERATIVE, INC.**

Principal Place of Business

Mailing Address

PO BOX 1779  
 ARCADIA FL 34265  
 US

PO BOX 1779  
 ARCADIA FL 34265  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0162549**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**R. JAMES ROBBINS, JR.**  
**101 EAST KENNEDY BOULEVARD**  
**SUITE 3700**  
**TAMPA FL 33602-0000**

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

**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

TITLE **D** ☒ Delete  
 NAME **BRADY, ROBBIE**  
 STREET ADDRESS **6705 SW WOODBINE WAY**  
 CITY-ST-ZIP **PALM CITY FL 34990**

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

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

TITLE **D** ☒ Delete  
 NAME **BISPHAN, JACK**  
 STREET ADDRESS **7850 IBIS ST**  
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **P** ☐ Delete  
 NAME **CARRUTHERS, RAY**  
 STREET ADDRESS **PO BOX 1779**  
 CITY-ST-ZIP **ARCADIA FL 34265**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Will NUGENT - D**  
 STREET ADDRESS **8780 NW Bethel Farms Rd.**  
 CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Billy GRESSINGER - D**  
 STREET ADDRESS **17824 79TH ST.**  
 CITY-ST-ZIP **Ft. Meade FL 32948**

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

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

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

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

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:

*Barbara Caruthers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/02/01**  
 Date

**863-993-1617**  
 Daytime Phone #

CR2E037 (10/00)