## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 155181** 

**Entity Name: VANDEGRIFT-WILLIAMS FARMS INC** 

**Current Principal Place of Business:** 

ONE NORTH CLEMATIS ST SUITE 200

WEST PALM BEACH, FL 33401

**Current Mailing Address:** 

ONE NORTH CLEMATIS ST SUITE 200

WEST PALM BEACH, FL 33401

FEI Number: 59-0651018 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TABERNILLA, ARMANDO A ONE NORTH CLEMATIS ST SUITE 200

WEST PALM BEACH, FL 33401 US

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:

Address

Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title **EXECUTIVE VICE PRESIDENT** 

Name HERNANDEZ, OSCAR R Name FERNANDEZ, LUIS J

ONE NORTH CLEMATIS ST STE 200 ONE NORTH CLEMATIS ST Address Address

SUITE 200 City-State-Zip: WEST PALM BEACH FL 33401

City-State-Zip: WEST PALM BEACH FL 33401

Title OFFICER, SENIOR VICE PRESIDENT &

Title **TREASURER** 

Name ROSS, DANIEL D BLOMQVIST, ERIK J Name

ONE NORTH CLEMATIS ST STE 200 Address ONE NORTH CLEMATIS ST STE 200 Address

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR, VP, SECRETARY VΡ Title

Name TABERNILLA, ARMANDO A Name RYAN, ALLAN A IV

Address ONE NORTH CLEMATIS ST STE 200 Address ONE NORTH CLEMATIS ST STE 200

WEST PALM BEACH FL 33401 City-State-Zip: City-State-Zip: WEST PALM BEACH FL 33401

Title VICE PRESIDENT OF TAXATION Title OFFICER, VP, SR. LITIGATION

> **COUNSEL & ASSISTANT SECRETARY** Name ZUKOWSKI, PHILIP M

TARR, WILLIAM F Name

Address ONE NORTH CLEMATIS ST

ONE NORTH CLEMATIS ST SUITE 200

SUITE 200 WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARMANDO A. TABERNILLA

DIRECTOR, VP, SECRETARY

VP, ASST. SECRETARY

03/29/2016

Date

**FILED** Mar 29, 2016

**Secretary of State** 

CC5189096751