## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 276823**

## CUS

CUSHMAN FRUIT COMPANY IN	C		
Principal Place of Business	Mailing Address	-	
% E. A. CUSHMAN. JR. 3325 FOREST HILL BLVD. WEST PALM BEACH FL 33406	% E. A. CUSHMAN, JR. 3325 FOREST HILL BLVD. WEST PALM BEACH FLA 33406-5812		
2. Principal Place of Business	3. Mailing Address	_	

**FILED** May 11, 2000 8:00 am Secretary of State

05-11-2000 90076 019 \*\*\*150.00

00000405



DATE

Suite, Apt. #, e	etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State City & State					4. FEI Number 59-1059491		Applied For	
•				Not App.				
Zip	Country	untry Zip (		try	5. Certificate of Status Desired S8.75 Ac Fee Requir		3.75 Additional B Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name		<b>-</b> ·		
CUSHMAN JR,E A 3325 FOREST HILL BLVD			Street Address (P.O. Box Number is Not Acceptable)					
WEST P	ALM BEACH FL 33406						_	
				City	1	FL	Zip Code	

(NOTE: Registered Agent signature required when reinstating)

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

(See criteria on back)

Tax filing requirement and elects to do so.

SIGNATURE

9. This corporation is eligible to satisfy its Intangible

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CD ☐ Delete TITI F TITLE CUSHMAN, MD NAME NAME STREET ADDRESS STREET ADDRESS 3325 FOREST HILL BLVD CITY-ST-7IP CITY-ST-ZIP W PALM BCH, FL 00000 VD ☐ Delete TITLE TITLE CUSHMAN, ANNE S NAME NAME STREET ADDRESS STREET ADDRESS 3325 FOREST HILL BLVD CITY-ST-ZIP CITY-ST-7IP W PALM BCH, FL 00000 ☐ Delete TITLE TITLE CRAWFORD, K NAME NAME STREET ADDRESS 3325 FOREST HILL BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BCH, FL 00000 STD ☐ Delete TITLE TITLE CUSHMAN, J S NAME NAME 3325 FOREST HILL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BCH, FL 00000 CITY-ST-ZIP PD TITLE ☐ Defete TITLE CUSHMAN, E A, JR NAME NAME STREET ADDRESS 3325 FOREST HILL BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BCH, FL 00000 □ Delete TITLE NAME CUSHMAN, ANN F. NAME STREET ADDRESS STREET ADDRESS 1207 MAPLE STREET CITY-ST-ZIP CITY-ST-ZIP **COLUMBIA SC** 

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

Daytime Phone #