

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90292 005 \*\*\*150.00

**DOCUMENT # 467218**

1. Entity Name  
**WORLD CITRUS, INC.**

Principal Place of Business  
**OFFICES OF CITRUS WORLD, INC.**  
**P. O. BOX 1111**  
**LAKE WALES FLORIDA 33859-8111**

Mailing Address  
**OFFICES OF CITRUS WORLD, INC.**  
**P. O. BOX 1111**  
**LAKE WALES FLORIDA 33859-1111**

00095144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-1086454**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**HENDRY, WILLIAM J.**  
**U.S. HIGHWAY 27 NORTH**  
**OFFICES OF CITRUS WORLD, INC.**  
**LAKE WALES FLORIDA 33859-8111**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  Delete  
 NAME **HUNT, FRANK M**  
 STREET ADDRESS **952 LAKESHORE BLVD**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **STEPHEN M. CARUSO**  
 STREET ADDRESS **1355 SO SUMMERLIN AVE**  
 CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **WILLIAM L. RALEY**  
 STREET ADDRESS **LAKE ELOISE DRIVE**  
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST**  Delete  
 NAME **WILLIAM J. HENDRY**  
 STREET ADDRESS **4717 LAKEGROVE LANE**  
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE  Change  Addition  
 NAME **WILLIAM J. HENDRY**  
 STREET ADDRESS **1717 LAKEGROVE LANE**  
 CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

SIGNATURE: William J. Hendry Date: 01/25/00 (863) 676-1411  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 19/99