

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90062 046 \*\*\*\*61.25

**DOCUMENT # 790817**

1. Entity Name  
**FLORIDA CITRUS PACKERS**



Principal Place of Business  
**302 S. MASSACHUSETTS AVENUE  
P.O. BOX 1113  
LAKELAND FL 33802**

Mailing Address  
**302 S. MASSACHUSETTS AVENUE  
P.O. BOX 1113  
LAKELAND FL 33802**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0907251**

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

**KINNEY, RICHARD  
302 S MASS AVE  
LAKELAND FL 33802**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROADWAY, DENNIS P	
STREET ADDRESS	PO BOX 337	
CITY-ST-ZIP	HAINES CITY FL 33845-0337	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORT JR, RICHARD A	
STREET ADDRESS	221 W BROADWAY	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAMNER, GEORGE F JR	
STREET ADDRESS	7355 SW NINTH ST	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	DST	<input type="checkbox"/> Delete
NAME	STREETMAN, GEORGE H	
STREET ADDRESS	PO BOX 880	
CITY-ST-ZIP	VERO BEACH FL 32961	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Veldhuis	
STREET ADDRESS	P.O. Box 1047	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard J. Kinney	
STREET ADDRESS	P.O. Box 1113	
CITY-ST-ZIP	Lakeland, FL 33802-1113	

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:

**REQUIRED**

1/31/03

863.082.0151

CR2E037 (10/02)