

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G35891

1. Entity Name
RIVER COUNTRY CITRUS, INC.

Principal Place of Business

1313 W MIDWAY ROAD
FT PIERCE FL 34982
US

Mailing Address

1313 W MIDWAY ROAD
FT PIERCE FL 34982
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2286385

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAGEROTT, GAIL
1313 MIDWAY ROAD
FT PIERCE FL 34982

7. Name and Address of New Registered Agent

Name Richard Mills
Street Address (P.O. Box Number is Not Acceptable)
1313 Midway Road
City FT. Pierce FL Zip Code 34982

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] DATE 3/21/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE DV ☐ Delete
NAME MURPHY, SHARON Y.
STREET ADDRESS 1313 W MIDWAY ROAD
CITY-ST-ZIP FT PIERCE FL 34982

TITLE PD ☐ Delete
NAME MURPHY, TRAVIS E JR
STREET ADDRESS 1313 W MIDWAY ROAD
CITY-ST-ZIP FT PIERCE FL 34982

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/21/00 Daytime Phone # 561-467-8677

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90040 020 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)