

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90151 006 \*\*\*150.00

**DOCUMENT # L64307**

1. Entity Name

**ORANGEFIELD CITRUS, INC.**

Principal Place of Business

7755 STARR LAKE RD  
 BARTOW FL 33830  
 US

Mailing Address

P.O. BOX 362  
 ALTURAS FL 33820

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

**59-3012630**

Applied For

Not Applicable

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

**MITCHELL, ROY D**  
**7755 STARR LAKE ROAD**  
**BARTOW FL 33830**

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 \_\_\_\_\_

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

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	PST MITCHELL, ROY D		
STREET ADDRESS	PO BOX 362 N/A		
CITY-ST-ZIP	ALTURAS FL		
	D		
NAME	OAKLEY, MILES L		
STREET ADDRESS	52042 HOBART AVE. N.		
CITY-ST-ZIP	BARTOW FL 33830		
	D		
NAME	MITCHELL, KRISTINE L.		
STREET ADDRESS	P.O. BOX 362 N/A		
CITY-ST-ZIP	ALTURAS FL		
	D		
NAME	MITCHELL III, ROY D		
STREET ADDRESS	PO BOX 362 N/A		
CITY-ST-ZIP	ALTURAS FL 33820		

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 information.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Roy D. Mitchell* Roy D. Mitchell

Date

1-22-01

Daytime Phone #

863-537-2571

CR2E034 (10/00)