

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90033 002 ***150.00

DOCUMENT # P94000093694

1. Entity Name

UNITED AMERICAN CITRUS GROVE, INC.

Principal Place of Business

**3015 N OCEAN BLVD #104
 FORT LAUDERDALE FL 33308**

Mailing Address

**3015 N OCEAN BLVD #104
 FORT LAUDERDALE FL 33308-7300**

2. Principal Place of Business

P.O. Box 550369
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 550369
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0542935

Applied For

Not Applicable

Zip

Country

33355 FL

Zip

Country

33355

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

**TROXEL, SIDNEY R
 3015 N OCEAN BLVD #104
 FORT LAUDERDALE FL 33308**

Name

Troxel, Sidney R.

Street Address (P.O. Box Number is Not Acceptable)

13400 S.W. 30th Ct.

City

Davie

FL

Zip Code

33330

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.

Sidney R. Troxel, Pres.

SIGNATURE

Sidney R. Troxel

4/18/00

DATE

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	TROXEL, SIDNEY R	3015 N OCEAN BLVD #104	FORT LAUDERDALE FL 33308	<input type="checkbox"/>
VDAS	HOHULIN, MICHAEL B	3015 N OCEAN BLVD #104	FORT LAUDERDALE FL	<input type="checkbox"/>
VDAS	GERBER, EDWARD H	3015 N OCEAN BLVD #104	FORT LAUDERDALE FL	<input type="checkbox"/>
ST	RUBI, MARIA M	3015 N OCEAN BLVD #104	FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		13400 S.W. 30th Ct.	Davie, FL 33330	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VDST		201 N.W. 121st Ave.	33091	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Ft. Lauderdale Coral Springs, FL		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3400 Galt Ocean Drive, Apt # PHAS	Ft. Lauderdale, FL 33308	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Sidney R. Troxel, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00
 Date

954/915-9067
 Daytime Phone #

CR2E034 (9/99)