

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90013 010 \*\*\*150.00

**DOCUMENT # S50312**

1. Entity Name  
**PEACE RIVER CITRUS PRODUCTS, INC.**

Principal Place of Business

4104 NW HIGHWAY 72  
 ARCADIA FL 34266  
 US

Mailing Address

P.O. BOX 730  
 ARCADIA FL 34265  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0262599**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

NEILL, RICHARD V.  
 NEILL GRIFFIN JEFFRIES & LLOYD  
 311 SOUTH 2ND ST.  
 FT. PIERCE FL 34950

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

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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BECKER, R. WILLIAM</b>	
STREET ADDRESS	<b>144 ANCHOR DRIVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PLYMALE, BARTON M.</b>	
STREET ADDRESS	<b>1503 NORTH ARCADIA AVENUE</b>	
CITY-ST-ZIP	<b>ARCADIA FL 33821</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>VITALE, GREGG V</b>	
STREET ADDRESS	<b>25206 ROSAMOND COURT</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33983</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MCGUIRE, SUSAN</b>	
STREET ADDRESS	<b>1107 NORTH ARCADIA AVENUE</b>	
CITY-ST-ZIP	<b>ARCADIA FL 33821</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BECKER, MARY ANN</b>	
STREET ADDRESS	<b>144 ANCHOR DRIVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MURRAY, L</b>	
STREET ADDRESS	<b>5505 FT PIERCE BLVD</b>	
CITY-ST-ZIP	<b>FT PIERCE FL 34951</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **GREGG V. VITALE, TREASURER** 4/13/01 863-494-0440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)