

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 141631

1. Entity Name

ELMIRA CITRUS COPORATION OF FLORIDA

Principal Place of Business

526 PARK STREET  
SEBRING FL 33870  
US

Mailing Address

P.O. BOX 1299  
SEBRING FL 33871-1299  
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

59-0233545

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

HARSHMAN, W.E  
526 PARK AVE  
SEBRING FL 33870

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, 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 STD ☐ Delete  
NAME SCHUMACHER, CHARLES R  
STREET ADDRESS 1901 DESOTO PLACE  
CITY-ST-ZIP SEBRING FL

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

TITLE VD ☐ Delete  
NAME KOCH, LOUISE  
STREET ADDRESS 1908 DELEON PLACE  
CITY-ST-ZIP SEBRING, FL 00000

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

TITLE PD ☐ Delete  
NAME HARSHMAN, WALTER E  
STREET ADDRESS 1416 NW LAKEVIEW DR  
CITY-ST-ZIP SEBRING FL

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

TITLE AS ☐ Delete  
NAME LEHMAN, PATRICIA A  
STREET ADDRESS 2729 QUEESWOOD DR  
CITY-ST-ZIP SEBRING FL

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

TITLE ATD ☐ Delete  
NAME ANDREWS, EMMETT  
STREET ADDRESS 2237 NE LAKEVIEW DR  
CITY-ST-ZIP SEBRING FL

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

TITLE D ☐ Delete  
NAME SCHUMACHER, WILLIAM  
STREET ADDRESS 5819 JOHN ANDERSON HWY  
CITY-ST-ZIP FLGLER BEACH FL

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:

*Charles R. Schumacher*

C.R. Schumacher

Jan. 5, 2000

863-385-5149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90049 015 \*\*\*150.00

A0001436



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)