

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 159662

1. Entity Name

GROVE FRUIT PACKING CO., INC.

Principal Place of Business

1114 SOUTH MAIN AVE.
GROVELAND FL 34736

Mailing Address

POST OFFICE BOX 8
GROVELAND FL 34736-0008
US

2. Principal Place of Business

1143 SOUTH KANSAS AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

GROVELAND FL

City & State

Zip

34736

Country

USA

Zip

Country

4. FEI Number

59-0603778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERACI, JANE
1143 S. KANSAS AVENUE
GROVELAND FL 34736

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GERACI, JANE	
STREET ADDRESS	1143 SOUTH KANSAS AVE	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GERACI, MICHELE	
STREET ADDRESS	8533 54TH AVE CIR EAST	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GERACI, RUDY	
STREET ADDRESS	1143 S. KANSAS AVE.	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GERACI, ANITA	
STREET ADDRESS	1125 12TH STREET	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

JANE GERACI
Jane Geraci

President

1/4/2000

Date

352-429-2992

Daytime Phone #

CR2E034 (9/99)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90190 039 ***150.00

900712



DO NOT WRITE IN THIS SPACE