

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0473231 AV

**DOCUMENT # 275299**

1. Entity Name  
**ADAMS CITRUS NURSERY, INC.**

03-29-2002 90198 023 \*\*\*150.00

Principal Place of Business  
**STATE ROAD 544 EAST  
HAINES CITY FL 33844**

Mailing Address  
**P.O. BOX 1505  
HAINES CITY FL 33845  
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 **59-1026500** 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

**ADAMS, WILLIAM G.  
ST. RD. 544 EAST  
HAINES CITY FL 33844**

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 \_\_\_\_\_

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, 2002 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 ☐ Delete  
NAME **PD ADAMS, WILLIAM G**  
STREET ADDRESS **ST. RD. 544 EAST**  
CITY-ST-ZIP **HAINES CITY FL**

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

TITLE ☐ Delete  
NAME **VD IMBER, WANDA L.**  
STREET ADDRESS **ST. RD. 544 EAST**  
CITY-ST-ZIP **HAINES CITY FL**

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

TITLE ☐ Delete  
NAME **STD ADAMS, GUSTA LEE**  
STREET ADDRESS **ST. RD. 544 EAST**  
CITY-ST-ZIP **HAINES CITY FL**

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

TITLE ☐ Delete  
NAME **D ADAMS, ALAN**  
STREET ADDRESS **ST. RD. 544 E.**  
CITY-ST-ZIP **HAINES CITY FL**

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

TITLE ☐ Delete  
NAME **D LIVINGSTON, LIVA**  
STREET ADDRESS **ST. RD. 544 E.**  
CITY-ST-ZIP **HAINES CITY FL**

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

TITLE ☐ Delete  
NAME **D JOHNSON, BRENDA**  
STREET ADDRESS **ST RD 544 E**  
CITY-ST-ZIP **HAINES CITY 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (9/01)