

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 283802

1. Entity Name

SUNCREST CITRUS, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90210 024 \*\*\*150.00

Principal Place of Business

Mailing Address

7400 STATE ROAD 544  
WINTER HAVEN FL 33881  
US

7400 STATE ROAD 544  
WINTER HAVEN FL 33881-9650

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1105197

Applied For

Not Applicable

Zip

Country

Zip

Country

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

INGRAM, BRUCE B. JR.  
7500 HUTCHINSON ROAD  
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

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	D	<input type="checkbox"/> Delete
NAME	INGRAM, BRUCE B JR	
STREET ADDRESS	7500 HATCHINEHA RD	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TRAMONTIN, MARY ELLEN	
STREET ADDRESS	157 HOMEWOOD COURT	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	INGRAM, LUCILLE C	
STREET ADDRESS	211 W CYPRESS ST	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUDD, LINDA	
STREET ADDRESS	3107 S. TURKEY CREEK RD.	
CITY-ST-ZIP	PLANT CITY, F	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, GAIL V	
STREET ADDRESS	218 MAPLE STREET	
CITY-ST-ZIP	DAVENPORT FL	
TITLE		<input type="checkbox"/> Delete
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2000

Date

941-422-4918

Daytime Phone #

CR2E034 (9/99)