

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
 05-09-2000 90057 037 ***150.00

DOCUMENT # 396119

1. Entity Name
GRACEWOOD FRUIT CO.

Principal Place of Business	Mailing Address
1626 90TH AVENUE O BOX 370 VERO BEACH FL 32961-7370	1626 90TH AVENUE P O BOX 370 VERO BEACH FL 32961-0370

A0037014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1384474		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RICHARDSON, DANFORTH K 1626 90TH AVENUE VERO BEACH FL 32966		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)

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD	TITLE	DIRECTOR
NAME	RICHARDSON, DANFORTH K.	NAME	KAHLE, SANDRA R.
STREET ADDRESS	1855 28 AVENUE	STREET ADDRESS	6020 S.W. 5th St.
CITY-ST-ZIP	VERO BCH. FL	CITY-ST-ZIP	Vero Beach, FL 32968
TITLE	PD	TITLE	
NAME	LUTHER, JOHN M	NAME	
STREET ADDRESS	555 SOUTH A1A HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	CITY-ST-ZIP	
TITLE	TS	TITLE	
NAME	PEREZ, TOMAS RENE	NAME	
STREET ADDRESS	2019 CORTEX AVENUE	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	CITY-ST-ZIP	
TITLE	ATD	TITLE	
NAME	HOPKINS, SUSAN R.	NAME	
STREET ADDRESS	265 RIVERWAY DR	STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	KAHLE, GEORGE A	NAME	
STREET ADDRESS	6020 SW 5TH STREET	STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL 32968	CITY-ST-ZIP	
TITLE	ASD	TITLE	
NAME	LUTHER, NANCY R	NAME	
STREET ADDRESS	555 SOUTH A1A HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	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 an other like empowered.

SIGNATURE: *Thomas Rene Perez* **4/25/2000** **561-567-1151**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, Treasurer Date Daytime Phone #

CR2E034 (9/99)