

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 396119**1. Entity Name  
GRACEWOOD FRUIT CO.

## Principal Place of Business

1626 90TH AVENUE  
P O BOX 370  
VERO BEACH  
329617370

FL

## Mailing Address

1626 90TH AVENUE  
P O BOX 370  
VERO BEACH  
329617370

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

59-1384474

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

RICHARDSON DANFORTH K  
1626 90TH AVENUEVERO BEACH  
32966

FL

US

## 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)

04/23/2001

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, 2001 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 ASD ☐ Delete  
NAME LUTHER NANCY R  
STREET ADDRESS 555 SOUTH A1A HIGHWAY  
CITY-ST-ZIP VERO BEACH FLTITLE ASD ☒ Change ☐ Addition  
NAME LUTHER NANCY R  
STREET ADDRESS 555 SOUTH A1A HIGHWAY  
CITY-ST-ZIP VERO BEACH FL 32963TITLE VPD ☐ Delete  
NAME KAHLE GEORGE A  
STREET ADDRESS 6020 SW 5TH STREET  
CITY-ST-ZIP VERO BCH. FL 32968TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ATD ☐ Delete  
NAME HOPKINS, SUSAN R.  
STREET ADDRESS 265 RIVERWAY DR  
CITY-ST-ZIP VERO BCH. FLTITLE ATD ☒ Change ☐ Addition  
NAME HOPKINS, SUSAN R.  
STREET ADDRESS 1590 GRACEWOOD LANE  
CITY-ST-ZIP VERO BCH. FL 32963TITLE TS ☐ Delete  
NAME PEREZ, TOMAS RENE  
STREET ADDRESS 2019 CORTEX AVENUE  
CITY-ST-ZIP VERO BEACH FLTITLE TS ☒ Change ☐ Addition  
NAME PEREZ, TOMAS RENE  
STREET ADDRESS 2019 CORTEZ AVENUE  
CITY-ST-ZIP VERO BEACH FL 32960TITLE PD ☐ Delete  
NAME LUTHER JOHN M  
STREET ADDRESS 555 SOUTH A1A HIGHWAY  
CITY-ST-ZIP VERO BEACH FLTITLE PD ☒ Change ☐ Addition  
NAME LUTHER JOHN M  
STREET ADDRESS 555 SOUTH A1A HIGHWAY  
CITY-ST-ZIP VERO BEACH FL 32963TITLE CD ☐ Delete  
NAME RICHARDSON, DANFORTH K.  
STREET ADDRESS 1855 28 AVENUE  
CITY-ST-ZIP VERO BCH. FLTITLE CD ☒ Change ☐ Addition  
NAME RICHARDSON, DANFORTH K.  
STREET ADDRESS 1855 28 AVENUE  
CITY-ST-ZIP VERO BCH. FL 32960

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: TOMAS RENE PEREZ**

ST

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)