

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 404331

Entity Name
PITMAN PRODUCE OF ORLANDO, INC

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90141 016 ***150.00

Principal Place of Business Mailing Address
LONGLEAF STREET 5400 LONGLEAF STREET
JACKSONVILLE FL 32209 JACKSONVILLE FL 32209-2709
US

Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1406229 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
PITMAN, ERNEST H Name
11154 RALEY CREEK Street Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32225 City FL Zip Code

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. 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	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITMAN, ROBERT R.		NAME		
STREET ADDRESS	853 QUEENS HARBOUR BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITMAN, DONALD D		NAME		
STREET ADDRESS	4923 RIVER POINT RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITMAN, ERNEST H		NAME		
STREET ADDRESS	11154 RALEY CREEK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITMAN, CHARLES P.		NAME		
STREET ADDRESS	11660 SHERBOURNE CIR. S.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAPPEY, SUSAN PITMAN		NAME		
STREET ADDRESS	4661 EMPIRE AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 4/3/00 Date Daytime Phone #

CR2E034 (9/99)