

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 411593

1. Entity Name

SOUTH LAKE WEIR CITRUS COMPANY

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90095 023 ***150.00

Principal Place of Business

Mailing Address

P. O. BOX 687
 STATE ROAD 42
 WEIRSDALE FL 32195

P. O. BOX 687
 W STATE ROAD 42
 WEIRSDALE FL 32195-0687

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1426351**

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

WILLIAMS, E.C.
 P.O. BOX 317
 W STATE ROAD 42
 WEIRSDALE FL

Name Preston, Charlene W.
 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 687
W. State Road 42
 City Weirsdale FL 32195

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 Charlene W. Preston CHARLENE W. PRESTON, Secretary 4-27-00
 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	PT	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, E.C.	
STREET ADDRESS	W. STATE ROAD 42	
CITY-ST-ZIP	WEIRSDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, VIRGINIA	
STREET ADDRESS	W. STATE ROAD 42	
CITY-ST-ZIP	WEIRSDALE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PRESTON, CHARLENE W.	
STREET ADDRESS	LAKEVIEW AVENUE - SUNSET HARBOR RD.	
CITY-ST-ZIP	WEIRSDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, PATRICIA	
STREET ADDRESS	ELOISE ROAD OFF S.R. 42	
CITY-ST-ZIP	WEIRSDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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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: Charlene W. Preston
 Signature, typed or printed name of signing officer or director

4-27-00 (352) 255-5335
 Date Daytime Phone #

CR2E034 (9/99)