

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 582789

1. Entity Name

FLORIDA VEAL PROCESSORS, INC.

Principal Place of Business

Mailing Address

RT. 674 6712 Hwy 674 East  
P O BOX 1469  
WIMAUMA FL 33598

RT. 674  
P O BOX 1469  
WIMAUMA FL 33598-1469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1851948

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

NUSMAN, RICHARD

ROUTE 674 6712 Hwy 674 East

P O BOX 1469

WIMAUMA FL 33598

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 PD  
NAME NUSMAN, RICHARD  
STREET ADDRESS 2307 51ST ST. W.  
CITY-ST-ZIP BRADENTON, FL 00000

Delete

TITLE VD  
NAME NUSMAN, MAX  
STREET ADDRESS 8216 9TH AVE N.W.  
CITY-ST-ZIP BRADENTON FL

Delete

TITLE S  
NAME NUSMAN, ELAINE  
STREET ADDRESS 8216 9TH AVENUE NW  
CITY-ST-ZIP BRADENTON FL

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 813-634-5515  
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

**FILED**  
**Jul 06, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90344 045 \*\*\*150.00

CR2E034 (9/99)