

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 583341

1. Entity Name

SOUTHLAND PRODUCE SALES OF FLORIDA, INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90044 021 \*\*\*158.75

Principal Place of Business

Mailing Address

P.O. BOX 620257  
P.O. BOX 257  
OVIEDO FL 32762-0257  
US

P.O. BOX 620257  
P.O. BOX 257  
OVIEDO FL 32762-0257  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 620257  
Suite, Apt. #, etc.

P.O. Box 620257  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Oviedo, FL 32762-0257

City & State  
Oviedo, FL 32762-0257

4. FEI Number 59-2982203

Applied For  
Not Applicable

Zip Country  
32762-0257 Seminole

Zip Country  
32762-0257 Seminole

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

6. Name and Address of Current Registered Agent:

LIVINGSTON, CALVIN J.  
1975 W STATE RD 426  
OVIEDO FL 32765

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)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUDA, FERDINAND S.	
STREET ADDRESS	1975 W STATE ROAD 426	
CITY-ST-ZIP	OVIEDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRAF, DONALD L.	
STREET ADDRESS	1975 W. STATE ROAD 426	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	S	<input type="checkbox"/> Delete
NAME	LIVINGSTON, CALVIN J.	
STREET ADDRESS	1975 W. STATE ROAD 426	
CITY-ST-ZIP	OVIEDO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CASEY, JOSEPH F	
STREET ADDRESS	1975 W. STATE ROAD 426	
CITY-ST-ZIP	OVIEDO FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CHAPMAN, TRACY DUDA	
STREET ADDRESS	1975 W STATE ROAD 426	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 checked="" type="checkbox"/> Addition
NAME	Assistant Treasurer	
STREET ADDRESS	DUDA, David J.	
CITY-ST-ZIP	1975 W. State Road 426	
	Oviedo, FL 32765	

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: Donald L. Graf, Vice President

(407)365-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)