

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 626734**

1. Entity Name

FLORIDA CITRUS MANAGEMENT CO.**FILED**
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90068 038 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 1809
RUSKIN FL 33570-1809P.O. BOX 1809
RUSKIN FL 33570-1809

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 **59-1916835**Applied For
Not Applicable5. 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

ALLMOND, JOSEPH F.
512 COLLEGE AVENUE WESTF
RUSKIN FL 33570Name _____
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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S TORT, JEAN CLAUDE 2702 30TH STREET SE RUSKIN FL		2701 30th Street SE	
P TORT, HENRY M 2702 30TH STREET SE RUSKIN FL		2701 30th Street SE	
T TORT, ERIC C 2702 30TH STREET SE RUSKIN FL		2701 30th Street SE	

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

Henry M. Tort

3/28/00

Date

813-645-9527

Daytime Phone #