

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 634043

1. Entity Name

UNITED AMERICAN CITRUS, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90033 005 \*\*\*150.00

Principal Place of Business

3015 N OCEAN BLVD #104  
FT. LAUDERDALE FL 33308

Mailing Address

3015 N OCEAN BLVD #104  
FT. LAUDERDALE FL 33308-7300

2. Principal Place of Business

P.O. Box 550369  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 550369  
Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL  
Zip 33355 Country

City & State

Ft. Lauderdale, FL  
Zip 33355 Country

4. FEI Number

59-1951880

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERBER, EDWARD H.  
3015 N OCEAN BLVD #104  
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name: Gerber, Edward H.  
Street Address (P.O. Box Number is Not Acceptable): 3400 Galt Ocean Drive, Apt # PH25  
City: Ft. Lauderdale FL Zip Code: 33308

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.

Edward H. Gerber, VD

SIGNATURE

*Edward H. Gerber*

4/18/00

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	GERBER, EDWARD H.	
STREET ADDRESS	3015 N OCEAN BLVD #104	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	RUBI, MARIA M.	
STREET ADDRESS	3015 N. OCEAN BLVD #104	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TROXEL, SUE A.	
STREET ADDRESS	3015 N. OCEAN BLVD #104	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOULIN, MICHAEL B.	
STREET ADDRESS	3015 N. OCEAN BLVD #104	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	TROXEL, SIDNEY R	
STREET ADDRESS	3015 N. OCEAN BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3400 Galt Ocean Drive, Apt. # PH25
CITY-ST-ZIP	Ft. Lauderdale, FL 33308
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	13400 S.W. 30th Ct.
CITY-ST-ZIP	Davie, FL 33330
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	201 N.W. 121st Ave.
CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VDST
STREET ADDRESS	13400 S.W. 30th Ct.
CITY-ST-ZIP	Davie, FL 33330
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:

*Edward H. Gerber, V.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00  
Date

954/915-9067  
Daytime Phone #

CR2E034 (9/99)