

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 668399

1. Entity Name

FRUIT GROWERS HARVEST, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90096 029 ***150.00

Principal Place of Business

Mailing Address

6465 55TH SQ
VERO BEACH FL 32967
US

P.O. BOX 179
C/O DONALD O. OWENS
WINTER BEACH FL 32971-0179
US

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 59-2021815

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWENS, DONALD O.
6465 55TH SQ
VERO BEACH FL 32967

Name A.J. Graves

Street Address (P.O. Box Number is Not Acceptable)
2205 14th Avenue

City Vero Beach

FL

Zip Code 32960

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 A.J. Graves

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/00
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 DVS
NAME GRAVES, HUBERT, JR. ☐ Delete
STREET ADDRESS 4575 ROSEDALE BLVD.
CITY-ST-ZIP VERO BEACH FL

TITLE DP
NAME OWENS, DONALD O. ☐ Delete
STREET ADDRESS 6465 55TH SQ
CITY-ST-ZIP VERO BEACH FL

TITLE D ☒ Delete
NAME GRAVES, JEANE S.
STREET ADDRESS 4575 ROSEDALE BLVD.
CITY-ST-ZIP VERO BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Director- ONLY ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary/Director
NAME OWENS, DOROTHY J. ☐ Change ☒ Addition
STREET ADDRESS 6465 55TH SQ.
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

DONALD O. OWENS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)