2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
05-19-2002 90057 004 ****61.25

DOCUMENT # 752848

1. Entity Name

FLORIDA CITRUS MUTUAL POLITICAL ACTION COMMITTEE , INC.

Principal Place of Business	Mailing Address
~~MITTEE, INC.~~ ~~302 SOUTH MASSACHUSETTS % BOBBY F.MCKOWN~~ ~~LAKELAND FL 33801-5013~~	~~MITTEE, INC.~~ ~~302 SOUTH MASSACHUSETTS % BOBBY F.MCKOWN~~ ~~LAKELAND FL 33801-5013~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
302 S. Massachusetts Ave	P O Box 1809
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State: Lakeland FL
Zip: 33801 Country: USA	Zip: 33802-1809 Country: USA

4. FEI Number ~~59-0580477~~ 01-0553828 ☐ 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
LAVIGNE, ANDREW W 302 S MASSACHUSETTS AVE LAKELAND FL 33801	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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DURRANCE, WILLIAM 1201 HEREFORD RD RUSKIN FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOE L. DAVIS, JR. 2306 US 27 S AVON PARK FL 33825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, GLENN 1653 CRUMP RD WINTER HAVEN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RALEY, WILLIAM L 505 AVENUE A NW WINTER HAVEN FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES E. SHUFORD 1050 SNIVELY AVE WINTER HAVEN FL 33880-5551	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LAVIGNE, ANDREW W 302 S MASSACHUSETTS AVE LAKELAND FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT METHENY, KEVIN E 302 S MASSACHUSETTS AVE LAKELAND FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SORRELLS, STEVE 135 MARSHALL AVE ARCADIA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ 4-29-02 863/682-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #