

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90093 040 ****61.25

DOCUMENT # 790268

1. Entity Name

WINTER GARDEN CITRUS GROWERS ASSOCIATION

Principal Place of Business

Mailing Address

P O BOX 69
 75 2ND ST.
 WINTER GARDEN FL 34777-0069

PO BOX 770069
 WINTER GARDEN FL 34777-0069
 US

2. Principal Place of Business

3. Mailing Address

P. O. Box 770069

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0514415

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

FISCHER, EVERETTE H
131 E MAGNOLIA ST.
WINDERMERE FL 32786

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
34786

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 HARTZOG, WILLIAM D 11315 CYPRESS DRIVE CLERMONT FL 34711	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FISCHER, EVERETTE H 131 MAGNOLIA ST. WINDERMERE FL 34786	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, OLIN 11339 WINDERMERE ROAD WINDERMERE FL 34786	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEKEMEYER, STEPHEN STATE ROAD 535 WINTER GARDEN FL 34787	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROOKER, C J 136 DOWN COURT WINDERMERE FL 34786	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVP DAVIS, W.C. 2849 JOHIO SHORES DRIVE ORLANDO FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIS, W.C. 2849 Johio Shores Drive Orlando, Florida	☒ Change ☐ Addition

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:

Everette H. Fischer, Sec. - Treas.

01/10/00

407-656-4423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #