

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790791

1. Entity Name

FLORIDA CITRUS NURSERYMEN'S ASSOCIATION

Principal Place of Business

2686 STATE RD 29 N  
IFAS SOUTHWEST CENTER  
IMMOKALEE FL 34142-9515  
US

Mailing Address

2686 STATE RD 29 N  
IMMOKALEE FL 34142-9515  
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

59-1055188

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

ROUSE, ROBERT E  
2686 STATE RD 29 N  
IFAS SOUTHWEST CENTER  
IMMOKALEE FL 34143

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 ☐ Delete  
NAME D  
STREET ADDRESS STEPHENS LES  
CITY-ST-ZIP A. DUDA & SONS, P O BOX 788 N/A  
LABELLE FL 33935

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME V  
STREET ADDRESS GUTHRIE, DENNIS  
CITY-ST-ZIP 53090 BERMONT RD  
PUNTA GORDA FL 33982

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME S  
STREET ADDRESS ROUSE, ROBERT  
CITY-ST-ZIP SWFREC 2686 HIGHWAY 29 NO  
IMMOKALEE FL 34142-9515

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS FAUKLIN, LYNN  
CITY-ST-ZIP PO BOX 12852 N/A  
FORT PIERCE FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Fort Pierce, FL 34986

TITLE ☒ Delete  
NAME D  
STREET ADDRESS HARRIS, PAUL  
CITY-ST-ZIP HARRIS & EVERS, INC. 10721 HWY 39 S  
LITHIA FL 33547

TITLE ☐ Change ☒ Addition  
NAME Y  
STREET ADDRESS Flood, Freddy  
CITY-ST-ZIP 338 West "F" Street  
Frostproof, FL 33843

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GLADDIS, CLIFF  
CITY-ST-ZIP 30 HORN RD  
VENUS FL 33960

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Robert E Rouse*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 Jan 2002

Date

941 658-3400

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)