

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790983

1. Entity Name

FLORIDA CITRUS EXCHANGE

Principal Place of Business

Mailing Address

1991 74 AVE
VERO BEACH FL 32966
US

P.O. BOX 690152
VERO BEACH FL 32969-0152
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

NOT APPLICABLE

Applied For

Not Applied For

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

Name

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

City

FL

Zip Code

BAER, KENNETH A
1991 74 AVE
VERO BEACH FL 32966

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
CEOD
MCEVOY, BRUCE E
1991 74TH AVENUE
VERO BEACH FL 32966

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003110346--2
-01/25/00--01084--002
****383.75 *****51.25

☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MCCRANIE, JAMES B
1049 POITRAS DRIVE
VERO BEACH FL 32963

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SANDERS, CHARLES M. JR
1485 50TH COURT
VERO BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BAER, KENNETH A
3565 LUCIA DRIVE
VERO BEACH FL 32967

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LUTHER, JOHN
555 HIGHWAY A1A
VERO BEACH FL 32963

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUNT, FRANK M
803 N. LAKESHORE BLVD.
LAKE WALES FL 33853

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

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:

Veronica J. Boeque
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000 561-569-2244
Date Daytime Phone #

FILED

00 JAN 24 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE