

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 800125

1. Entity Name

WETUMPKA FRUIT COMPANY

Principal Place of Business

Mailing Address

8650 HASTINGS BLVD.
P O BOX 486
HASTINGS FL 32145-5544

8650 HASTINGS BLVD.
P O BOX 486
HASTINGS FLA 32145-0486

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

59-0506651

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

COTTON, WILLIAM
8650 HASTINGS BLVD.
HASTINGS FL 32045

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

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 PD ☐ Delete
NAME COTTON, WILLIAM R.
STREET ADDRESS 8650 HASTINGS BLVD.
CITY-ST-ZIP HASTINGS FL

TITLE VD ☐ Delete
NAME BILLINGS, MARIAN S.
STREET ADDRESS 58 COURT NW
CITY-ST-ZIP LOWELL FL

TITLE D ☐ Delete
NAME LEONARD, PHYLLIS E.
STREET ADDRESS 25 STATE RD. #13
CITY-ST-ZIP JACKSONVILLE FL

TITLE TSD ☐ Delete
NAME COTTON, MARY P.
STREET ADDRESS 8650 HASTINGS BLVD.
CITY-ST-ZIP HASTINGS FL

TITLE D ☐ Delete
NAME LEONARD, GREGORY
STREET ADDRESS 49 S. ROSCOE BLVD.
CITY-ST-ZIP PONTE VERDA BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *Mary P. Cotton* Mary P. Cotton, Treas.

1-21-00

904-692-1941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE