

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A15518

1. Entity Name

CITRUS FARM & TIMBER COMPANY, LTD.

Principal Place of Business

13205 OLD CRYSTAL RIVER ROAD  
BROOKSVILLE FL 34601

Mailing Address

13205 OLD CRYSTAL RIVER ROAD  
BROOKSVILLE FL 34601-4458

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

59-2340158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCPHERSON, JACK B.  
6640 CONGRESS STREET  
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

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. Capital Contributions  
as Shown on record.

\$8,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #  
NAME ORAVEC, ANDREW JR.  
STREET ADDRESS 13205 OLD CRYSTAL RIVER ROAD  
CITY - ST - ZIP BROOKSVILLE FL 34601

DOCUMENT #  
NAME NATARAJAN, GANGAIAH M.D.  
STREET ADDRESS 811 BRIAR LEAS  
CITY - ST - ZIP PORT RICHEY FL

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

200003113822--3  
-01/28/00--01007--001  
\*\*\*144.75 \*\*\*144.75

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 320, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ANDREW ORAVEC JR

1-10-2000

Date

352-796-1

Daytime Phone #

FILED

00 JAN 19 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE