

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90004 006 ***150.00

DOCUMENT # F14798

1. Entity Name
GATOR CREEK RANCH & CITRUS COMPANY

Principal Place of Business
208 W ALAMO DR
LAKELAND FL 33813-1503
US

Mailing Address
PO BOX 5400
LAKELAND FL 33807-5400
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2058763**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARPER, ROBERT F, III
208 W. ALAMO DR
~~**LAKELAND, FLORIDA**~~
LAKELAND FL 33813-1503

Name

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

208 W. Alamo Drive

City
Lakeland

FL

Zip Code
33813-1503

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP
HARPER, ROBERT F III
208 W ALAMO DRIVE
LAKELAND FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☒ Addition
33813-1503

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
ELLSWORTH, SUZANNE M
208 W ALAMO DRIVE
LAKELAND FL 33813 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☒ Addition
33813-1503

TITLE
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 CITY-ST-ZIP
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TITLE
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☐ Delete

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

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

Date

863/647-5554

Daytime Phone #

ROBERT F. HARPER, III

CR2E034 (10/00)