

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F14963

1. Entity Name
PALM BEACH CITRUS GROVES, INC.

Principal Place of Business

7149 LAWRENCE ROAD
LANTANA FL 33462

Mailing Address

7149 LAWRENCE ROAD
LANTANA FL 33462

2. Principal Place of Business

7149 Lawrence Road
Suite, Apt. #, etc.

3. Mailing Address

7149 Lawrence Road
Suite, Apt. #, etc.

City & State

Boynton Beach, FL
Zip 33436 Country

City & State

Boynton Beach, FL
Zip 33436 Country

4. FEI Number

59-2053477

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, H. LOY JR.
7149 LAWRENCE ROAD
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name Anderson, H. Loy Jr.
Street Address (P.O. Box Number is Not Acceptable)
7149 Lawrence Road
City Boynton Beach FL Zip Code 33436

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]

[Signature]

Oct 18th 2001

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE DVT
NAME ANDERSON, H. LOY JR.
STREET ADDRESS 7149 LAWRENCE ROAD
CITY-ST-ZIP LANTANA FL 33462 ☐ Delete

TITLE DPS
NAME ANDERSON, INGER
STREET ADDRESS 7149 LAWRENCE ROAD
CITY-ST-ZIP LANTANA FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Boynton Beach, FL 33436 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Boynton Beach FL 33436 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 600004671406-3
-11/07/01--01077--010
***750.00 ***750.00 ☐ Change ☐ Addition

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

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/25/01

Daytime Phone #

561-965-6699

00788

AV

CR2E034 (5/01)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 6:49



REINSTATEMENT 01