

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005746

1. Entity Name

MEDUSA FRUIT COMPANY

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90049 050 ***150.00

Principal Place of Business

RT. 2 PIONEER PLANTATION
CLEWISTON FL 33440

Mailing Address

RT. 2 BOX 1210
CLEWISTON FL 33440

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

56-2052209

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

MINTON, MICHAEL D
1903 SOUTH 25TH ST., STE. 200
FT. PIERCE FL 34950

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, 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	DPS	<input type="checkbox"/> Delete
NAME	SQUID, CAREY	
STREET ADDRESS	RT. 2 PIONEER PLANTATION, BOX 1210	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	DTV	<input type="checkbox"/> Delete
NAME	STANLEY, RONALD M JR.	
STREET ADDRESS	300 N. GREENE ST., STE. 2100	
CITY-ST-ZIP	GREENSBORO NC 27401	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JOHNSON, EARL JR.	
STREET ADDRESS	6101 TRIANGLE DR.	
CITY-ST-ZIP	RALEIGH NC 27612	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WINSTON, CHARLES M	
STREET ADDRESS	2209 CENTURY DRIVE, STE. 300	
CITY-ST-ZIP	RALEIGH NC 27612	
TITLE	DV	<input type="checkbox"/> Delete
NAME	POOLE, J. GREGORY JR.	
STREET ADDRESS	4807 BERYL ROAD	
CITY-ST-ZIP	RALEIGH NC 27606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01

Date

863-983-2135

Daytime Phone #

CR2E034 (10/00)