

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002000

1. Entity Name

COAST CITRUS DISTRIBUTORS, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90146 031 ***558.75

Principal Place of Business

13855 S.W. 252 STREET
 HOMESTEAD FL 33032

Mailing Address

13855 S.W. 252 STREET
 HOMESTEAD FL 33032

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

95-1628554

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBINSON, STEVE
 13855 S.W. 252 STREET
 HOMESTEAD FL 33032

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. 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 13, 2000 Min. 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	P	☐ Delete
NAME	ALVAREZ, JAMES	
STREET ADDRESS	7597 BRISTOW COURT	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	VT	☐ Delete
NAME	FREELAND, ISABEL C	
STREET ADDRESS	7597 BRISTOW COURT	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	CSD	☐ Delete
NAME	ALVAREZ, ROBERT R	
STREET ADDRESS	7597 BRISTOW COURT	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	VD	☐ Delete
NAME	ALVAREZ, MARGARITA L	
STREET ADDRESS	7597 BRISTOW COURT	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	D	☐ Delete
NAME	SANDOVAL, MARIA J	
STREET ADDRESS	250 EAST FIFTH STREET	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	D	☐ Delete
NAME	SANTIAGO, JOANNE A	
STREET ADDRESS	250 EAST FIFTH STREET	
CITY-ST-ZIP	CINCINNATI OH	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
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
NAME	
STREET ADDRESS	
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:

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

8/25/00 (619) 661-7950
 Date Daytime Phone #

CR2E034 (5/00)