

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G35441

1. Entity Name

BUFORD LONG CITRUS, INC.

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

05-12-2000 90008 034 ***150.00

Principal Place of Business

909 S. 6TH AVENUE
~~POB-1680~~
WAUCHULA FL 33873
US

Mailing Address

909 S. 6TH AVENUE
~~POB-1680~~
WAUCHULA FL 33873-1680
US

2. Principal Place of Business

909 S. 6TH AVE

Suite, Apt. #, etc.

3. Mailing Address

909 S. 6TH AVE

Suite, Apt. #, etc.

City & State

WAUCHULA FL

Zip

33873

Country

City & State

WAUCHULA FL

Zip

33873

Country

4. FEI Number

59-2304324

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

LONG, BUFORD E.
909 S. 6TH AVE., HWY. 17 SOUTH
WAUCHULA FL 33873

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, 2000 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
PD
LONG, BUFORD
RT.2, STENSTOM RD ~~BOX 1680~~
WAUCHULA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
909 S. 6TH AVENUE
WAUCHULA FL 33873

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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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

4/27/00

Date

863-773-4156

Daytime Phone #

CR2E034 (9/99)