

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G35441**

1. Entity Name  
**BUFORD LONG CITRUS, INC.**

**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

06-07-2001 90003 023 \*\*\*150.00

Principal Place of Business

**909 S. 6TH AVENUE  
WAUCHULA FL 33873  
US**

Mailing Address

**909 S. 6TH AVENUE  
WAUCHULA FL 33873  
US**

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 **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!**  
**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	PD	<input type="checkbox"/> Delete
NAME	LONG, BUFORD	
STREET ADDRESS	909 S 6TH AVE	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 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 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:

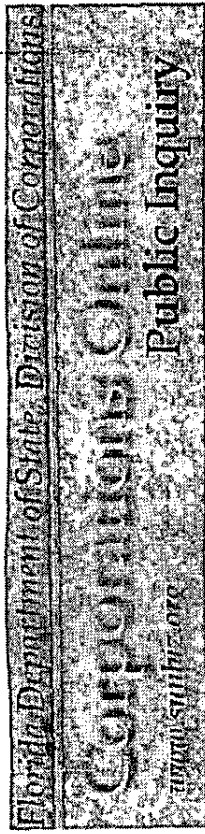
*Buford E. Long*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

DIRECTOR

*6/19/01*  
Date

Daytime Phone #

CR2E034 (10/00)



Florida Profit  
BUFORD LONG EQUIPMENT COMPANY

*Buford Long*  
Signature

PRINCIPAL ADDRESS  
BUFORD LONG EQUIPMENT COMPANY  
909 S. 6TH AVENUE  
WAUCHULA FL 33873 US  
Changed 04/26/1993

*6/9/01*  
Date

MAILING ADDRESS  
909 S 6TH AVENUE  
POB 1660  
WAUCHULA FL 33873 US  
Changed 04/26/1993

Document Number 270128	FEI Number 591004074	Date Filed 05/21/1963
State FL	Status ACTIVE	Effective Date NONE

Registered Agent

Name & Address  
LONG, BUFORD E

Attachment  
661278  
Document # G35441

909 S. 6TH AVENUE  
WAUCHULA FL

Address Changed: 04/26/1993

## Officer/Director Detail

Name & Address	Title
LONG, BUFORD 909 S. 6TH AVENUE, P. O. BOX 1660 WAUCHULA, FL 0	PD
LONG, SAMMIE W. 909 S. 6TH AVENUE, P. O. BOX 1660 WAUCHULA, FL 0	T

## Annual Reports

Report Year	Filed Date	Intangible Tax
1998	05/15/1998	
1999	05/15/1999	
2000	05/12/2000	

Previous Filing

Return to List

Next Filing

No Events  
No Name History Information

[View Document Image\(s\)](#)

**THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT**

Attachment  
6661278  
G 35441

Corporations Inquiry

Corporations Help

Attachment

661278

Document# 635491