

2003 UBR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP 22 AM 8:00

DOCUMENT # G35441

1. Corporation Name

BUFORD LONG CITRUS, INC

2. Principal Office Address

1025 S. 8th AVE

3. Mailing Office Address

P.O. Box 1620

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

WAUCHULA FL

City &amp; State

WAUCHULA FL

Zip

33873

Country

USA

Zip

33873

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1983

5. FEI Number

59 2304324

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

BUFORD LONG

Street Address (P.O. Box Number is Not Acceptable)

1025 SOUTH 8th AVE

Suite, Apt. #, Etc.

City

WAUCHULA

State

FL

Zip Code

33873

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Buford E. Long*  
REGISTERED AGENT MUST SIGN

Date 9/19/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-D	BUFORD LONG	1025 S. 8th Ave.	Wauchula FL 33873
VP-D	JOHN DEER	1142-Old Ft. Green Road	Wauchula FL 33873
S-T-D	SAMMIE LONG	1025 S. 8th Ave.	Wauchula FL 33873

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

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

BUFORD LONG

9/19/2003

863-773-4156

Date

Daytime Phone #

CR2E061 (10/02)



- o Real Estate
- o Citrus Management
- o Caretaking
- o Land Development

August 27, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee Fl 32302-1500

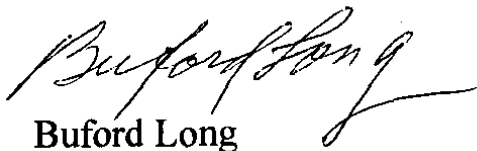
Ref: Undelivered Uniform Business Report G35441

Gentleman:

For some unknown reason the Post Office did not deliver the original report to us.

Enclosed please find a check for \$150.00 for registration and would you please abate the penalty difference of \$400.00.

Respectably Yours,

  
Buford Long