

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90008 010 ***150.00

DOCUMENT # G66509

1. Entity Name

C.P. CITRUS GROVES, INC.

620 Lafferty PT
Old Hickory TN 37138

Principal Place of Business

Mailing Address

8501 CATHEDRAL FOREST DR.
FAIRFAX STATION VA 22039

8501 CATHEDRAL FOREST DR.
FAIRFAX STATION VA 22039-2703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNT, ANDREW
225 EAST PARK AVENUE
LAKE WALES FL 33853

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
P
PERRY, CHESTER K.
900 N. TAYLOR ST.
ARLINGTON VA 22203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
VALENTINE, CAROLINE
8501 CATHEDRAL DRIVE
FAIRFAX STATION VA 22039

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
VALENTINE, CAROLINE
8501 CATHEDRAL FOREST DR.
FAIRFAX STATION VA 22039

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ELIZABETH SWARTZ
620 LAFFERTY PT.
OLD HICKORY TN 37138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ELIZABETH SWARTZ
620 LAFFERTY PT.
OLD HICKORY TN 37138

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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: Elizabeth Swartz Elizabeth Swartz 4-12-00 615-847-2171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #