

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G77339

1. Entity Name

CITRUS TRUCKING COMPANY

Principal Place of Business

1626 90TH AVENUE
P.O. BOX 370
VERO BEACH FL 32961

Mailing Address

1626 90TH AVENUE
P.O. BOX 370
VERO BEACH FL 32961-0370

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 59-2354406

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

LUTHER, JOHN M
1626 90TH AVENUE
VERO BEACH FL 32966

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 CD
NAME RICHARDSON, DANFORTH K.
STREET ADDRESS 1855-28TH AVENUE
CITY-ST-ZIP VERO BEACH FL ☐ Delete

TITLE DIRECTOR
NAME KAHLE, SANDRA R.
STREET ADDRESS 6020 S.W. 5th St.
CITY-ST-ZIP Vero Beach, FL 32968 ☐ Change ☒ Addition

TITLE ST
NAME PEREZ, TOMAS RENE
STREET ADDRESS 2019 CORTEZ AVENUE
CITY-ST-ZIP VERO BEACH FL ☐ Delete

TITLE DIRECTOR - VICE-PRESIDENT
NAME KAHLE, GEORGE A.
STREET ADDRESS 6020 S.W. 5th St.
CITY-ST-ZIP Vero Beach, FL 32968 ☐ Change ☒ Addition

TITLE STD
NAME HOPKINS, SUSAN R.
STREET ADDRESS 1580 GRACEWOOD LN.
CITY-ST-ZIP VERO BEACH FL 32963 ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE D
NAME RICHARDSON, MARJORIE H.
STREET ADDRESS 1855 28TH AVE.
CITY-ST-ZIP VERO BEACH FL ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE PD
NAME LUTHER, JOHN M
STREET ADDRESS 555 S A1A
CITY-ST-ZIP VERO BEACH FL ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ASD
NAME LUTHER, NANCY R
STREET ADDRESS 555 S A1A HIGHWAY
CITY-ST-ZIP VERO BEACH FL ☐ Delete

TITLE ☐ 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 REQUIRED

SIGNATURE AND TYPE OF POSITION OF REGISTERED AGENT OR DIRECTOR

4/25/2000

Date

561-567-1151

Daytime Phone #