

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90102 043 \*\*\*150.00

**DOCUMENT # H24507**

1. Entity Name

**MANATEE CITRUS REALTY, INC.**

Principal Place of Business

**2327 LORRAINE ROAD  
 BRADENTON FL 34202  
 US**

Mailing Address

**PO BOX 9829  
 BRADENTON FL 34206-9829  
 US**

2. Principal Place of Business

**2709 LORRAINE ROAD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BRADENTON, FL**

City & State

4. FEI Number

**59-2456116**

Applied For

Not Applicable

Zip

**34211**

Country

**MANATEE**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LUCAS, CHARLES W.  
 320 CALUSA DRIVE  
 LABELLE FL 33935**

7. Name and Address of New Registered Agent

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  **CHARLES W. LUCAS** **04/16/2002**

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, 2002 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

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | <b>S</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>HOLBROOK, CAROLIE F</b> |                                 |
| STREET ADDRESS | <b>2327 LORRAINE ROAD</b>  |                                 |
| CITY-ST-ZIP    | <b>BRADENTON FL</b>        |                                 |
| TITLE          | <b>PD</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>EDWARDS, MICHAEL L</b>  |                                 |
| STREET ADDRESS | <b>2327 LORRAINE RD</b>    |                                 |
| CITY-ST-ZIP    | <b>BRADENTON FL 34202</b>  |                                 |
| TITLE          | <b>VPD</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>LUCAS, CHARLES W</b>    |                                 |
| STREET ADDRESS | <b>320 CALOOSA DRIVE</b>   |                                 |
| CITY-ST-ZIP    | <b>LABELLE FL 33935</b>    |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| 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 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:  **MICHAEL L. EDWARDS (PRES.)**

**04/15/2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)