

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**  
 05-14-2001 90237 013 \*\*\*150.00

0487220

**DOCUMENT # H66319**

1. Entity Name

**HARBOR ISLAND CITRUS, INC.**

Principal Place of Business

**4420 OLD DIXIE HIGHWAY  
 VERO BEACH FL 32967  
 US**

Mailing Address

**P. O. BOX 429  
 VERO BEACH FL 32961-0429  
 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 **65-0140139**

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

**PACK, SANDY  
 4420 N OLD DIXIE  
 VERO BEACH FL 32967**

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, 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 NAME	PD GROVES, DON	<input type="checkbox"/> Delete
STREET ADDRESS	4420 N OLD DIXIE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE NAME	VD VALDES, ALBERT	<input type="checkbox"/> Delete
STREET ADDRESS	4420 OLD DIXIE HIGHWAY	
CITY-ST-ZIP	VERO BEACH FL	
TITLE NAME	VD GROVES, PAMELA	<input type="checkbox"/> Delete
STREET ADDRESS	4420 OLD DIXIE HIGHWAY	
CITY-ST-ZIP	VERO BEACH FL	
TITLE NAME	VD FRESH, DANIEL	<input type="checkbox"/> Delete
STREET ADDRESS	4420 OLD DIXIE HWY.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

561-567-5353

Daytime Phone #

CR2E034 (10/00)

**C0064588**



DO NOT WRITE IN THIS SPACE