

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H71292

1. Entity Name

A & W FUTCH CITRUS CARETAKING, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90029 022 ***550.00

Principal Place of Business

3401 N. CHARLIE TAYLOR RD.
PLANT CITY FL 33565

Mailing Address

3401 N. CHARLIE TAYLOR RD.
PLANT CITY FL 33565

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2562193

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUTCH, WM. ARLIN
3401 CHARLIE TAYLOR RD.
PLANT CITY FL 33565

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 Wm. Arlin Futch
Signature, typed or printed name of registered agent and title if applicable.

Wm Arlin Futch
(NOTE: Registered Agent signature required when reinstating)

8-9-00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
PV
FUTCH, WM. ARLIN
3401 CHARLIE TAYLOR RD.
PLANT CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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FUTCH, WM. ARLIN
3401 CHARLIE TAYLOR RD.
PLANT CITY FL ☐ Delete

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☐ 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: Wm. Arlin Futch 8-9-00 (813) 752-3087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)