

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90024 046 \*\*\*150.00

CUU43000



DO NOT WRITE IN THIS SPACE

**DOCUMENT # H99778**

1. Entity Name  
**BARBEN FRUIT COMPANY, INC.**

Principal Place of Business % ROBERT H. BARBEN PO BOX 1056, 1146 LAKE LOTELA DRIVE AVON PARK FL 33825	Mailing Address % ROBERT H. BARBEN PO BOX 1056, 1146 LAKE LOTELA DRIVE AVON PARK FL 33825-9735
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2744700</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent  
**BARBEN, ROBERT H.**  
**1146 LAKE LOTELA DRIVE**  
**PO BOX 1056**  
**AVON PARK FL 33825**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	<b>P</b> <b>BARBEN, ROBERT H</b> <b>1146 LAKE LOTELA DRIVE</b> <b>AVON PARK FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  <i>Avon Park, FL 33825</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>BARBEN, MARY M</b> <b>1146 LAKE LOTELA DRIVE</b> <b>AVON PARK FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  <i>Avon Park, FL 33825</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BARBER, JOHN P</b> <b>685 LAKE LOTELA DR</b> <b>AVON PARK FL 33825</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <i>BARBEN, JOHN P.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WHITEHEAD, JOHN G</b> <b>3721 CREEKSIDE DR</b> <b>SEBRING FL 33872</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 19/991