

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90017 025 ***150.00

AV
 1016770

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2744700	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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.

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 P	<input type="checkbox"/> Delete
NAME BARBEN, ROBERT H	
STREET ADDRESS 1146 LAKE LOTELA DRIVE	
CITY-ST-ZIP AVON PARK FL 33825	
TITLE ST	<input type="checkbox"/> Delete
NAME BARBEN, MARY M	
STREET ADDRESS 1146 LAKE LOTELA DRIVE	
CITY-ST-ZIP AVON PARK FL 33825	
TITLE VP -	<input type="checkbox"/> Delete
NAME BARBEN, JOHN P	
STREET ADDRESS 685 LAKE LOTELA DR	
CITY-ST-ZIP AVON PARK FL 33825	
TITLE VP	<input type="checkbox"/> Delete
NAME WHITEHEAD, JOHN G	
STREET ADDRESS 3721 CREEKSIDE DR	
CITY-ST-ZIP SEBRING FL 33872	
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	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John G. Whitehead **V.P. John G. Whitehead** 1/11/02 (863) 453-3659
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)