

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90077 021 \*\*\*150.00

**DOCUMENT # J14971**

1. Entity Name

**FLORA STAIT CITRUS HAULERS, INC.**

**00048130**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4325 2ND ST  
 P O BOX 572  
 VERO BEACH FL 32961  
 US

Mailing Address

4570 2ND STREET  
 P. O. BOX 572  
 VERO BEACH FL 32961

2. Principal Place of Business

3. Mailing Address

6350 9th St. SW

P.O. Box 572

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL.

City & State

VERO BEACH, FL.

Zip

32961

Country

INDIAN RIVER

Zip

32961

Country

INDIAN RIVER

4. FEI Number

59-2659415

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

FANARO, RONALD S.  
 3621 20TH ST.  
 VERO BEACH FL 32960

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	P	<input type="checkbox"/> Delete
NAME	BERRY, MICHAEL	
STREET ADDRESS	2145 15TH VE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	LEE, DEMPSEY	
STREET ADDRESS	P O BOX 572-4570 2ND STREET	
CITY-ST-ZIP	VERO BEACH FL 32961	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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:

*J. Lee H. Dempsey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/01

Daytime Phone #

561-567-1719

CR2E034 (10/00)