

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J72010

1. Entity Name

ZELLWOOD CARROT PRODUCTS, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90143 050 ***150.00

705851



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 188 P.O. BOX 188
6161 W. JONES AVENUE 6161 W. JONES AVENUE
ZELLWOOD FL 32798 ZELLWOOD FL 32798-0188

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 59-2818567 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

ROGERS, GLENN R
6161 JONES AVE
ZELLWOOD FL 32798

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, 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	VD	<input type="checkbox"/> Delete
NAME	JORGENSEN, MARGARET	
STREET ADDRESS	1750 SUSSEX DR.	
CITY-ST-ZIP	MT.DORA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROGERS, GLENN R	
STREET ADDRESS	2245 MORINGSIDE DR	
CITY-ST-ZIP	MT.DORA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STALEY, JAMES M.	
STREET ADDRESS	2103 DOGWOOD CIRCLE	
CITY-ST-ZIP	MT.DORA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROGERS, GLENN R.	
STREET ADDRESS	2245 MORNINGSID DR.	
CITY-ST-ZIP	MT.DORA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KENNEDY, CHARLES W.	
STREET ADDRESS	1111 AVALON WAY	
CITY-ST-ZIP	MT.DORA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	YOUNGS, THOMAS L.	
STREET ADDRESS	1450 RAINTREE LANE	
CITY-ST-ZIP	MT.DORA FL	

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	
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 which I am empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/2000 (407) 886-1891