

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90028 003 \*\*\*150.00

**DOCUMENT # J84398**

1. Entity Name

**SOUTH FLORIDA CITRUS ENTERPRISES, INC.**

Principal Place of Business

**CORNER OF ORANGE/PALMETTO  
P.O. BOX 397  
WAUCHULA FL 33873**

Mailing Address

**CORNER OF ORANGE/PALMETTO  
P.O. BOX 397  
WAUCHULA FL 33873**

2. Principal Place of Business

**225 Orange Ave**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 397**  
Suite, Apt. #, etc.

City & State

**Wauchula, FL**

City & State

**WAUCHULA, FL**

Zip

**33873**

County

**DESA**

Zip

**33873**

Country

**U.S.A**

4. FEI Number

**59-2842450**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GIBSON, R.H.**

**CORNER OF ORANGE/PALMETTO**

**P.O. BOX 397**

**WAUCHULA FL 33873**

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

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, 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 **V** ☐ Delete  
NAME **GIBSON, ROBERT H. II**  
STREET ADDRESS **P O BOX 397 N/A 1284 Stenstrom Rd.**  
CITY-ST-ZIP **WAUCHULA FL**

TITLE **P** ☐ Delete  
NAME **GIBSON, ROBERT**  
STREET ADDRESS **P O BOX 397 N/A 225 Orange Ave**  
CITY-ST-ZIP **WAUCHULA FL**

TITLE **S** ☐ Delete  
NAME **GIBSON, SUSANNA M.**  
STREET ADDRESS **P O BOX 397 N/A 1284 Stenstrom Rd.**  
CITY-ST-ZIP **WAUCHULA FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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: **SUSANNA M. GIBSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 19, 2002**

Date

Daytime Phone #

CR2E034 (9/01)