

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J90362

1. Entity Name

ORANGE CITRUS COMPANY

FILED

Apr 27, 2000 8:00 am  
Secretary of State

04-27-2000 90008 033 \*\*\*150.00

Principal Place of Business

Mailing Address

Principal Place of Business  
N.FIG TREE LANE  
PLANTATION FL 33317

Mailing Address  
LICHTENSTEIN, MICHAEL  
380 N.FIG TREE LANE  
PLANTATION FL 33317



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9668 SILLS DR EAST  
Suite, Apt. #, etc.  
#102  
City & State  
BOYNTON BEACH FL  
Zip  
33437

9668 SILLS DR EAST  
Suite, Apt. #, etc.  
#102  
City & State  
BOYNTON BEACH FL  
Zip  
33437

4. FEI Number

59-2839500

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

LICHTENSTEIN, MICHAEL  
380 N.FIG TREE LANE  
PLANTATION FL 33317

Name

MICHAEL LICHTENSTEIN

Street Address (P.O. Box Number is Not Acceptable)

9668 SILLS DR EAST  
#102

City

BOYNTON BEACH

FL

Zip Code

33437

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
LICHTENSTEIN, MICHAEL 380 N.FIG TREE LANE PLANTATION FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
9668 SILLS DR EAST #102 BOYNTON BEACH FL 33437	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 (9/99)