

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K57787

1. Entity Name

GARLAND'S BEST CITRUS, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90076 048 ***150.00

Principal Place of Business

Mailing Address

4846 INDIATLANTIC DR
ORLANDO FL 32808

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ORLANDO FL 32808

2. Principal Place of Business

7535 International Dr.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Zip

Country

32808

U.S.A.

4. FEI Number

59-2923366

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

FLETCHER, DENNIS
4846 INDIATLANTIC DR
ORLANDO FL 32808

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 DP
NAME FLETCHER, DENNIS J
STREET ADDRESS 4846 INDIATLANTIC DR
CITY-ST-ZIP ORLANDO FL 32808

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME KAREN E. Fletcher
STREET ADDRESS 4846 Indiatlantic Dr.
CITY-ST-ZIP Orlando, Fl. 32808

TITLE
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CITY-ST-ZIP

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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: Karen E. Fletcher KAREN E. Fletcher 1-19-00 518-2015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #