

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90466 012 \*\*\*150.00

**DOCUMENT # L03043**

1. Entity Name  
**ORANGE RIVER FRUIT COMPANY, INC.**



Principal Place of Business  
P.O. BOX 666  
FELDA FL 33930

Mailing Address  
P.O. BOX 666  
FELDA FL 33930



2. Principal Place of Business

3. Mailing Address

**530 main Street**

**P.O. Box 743**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**LaBelle, FL**

City & State

**LaBelle, FL**

4. FEI Number **65-0132718**

Applied For

Not Applicable

Zip

Country

**33935**

**USA**

Zip

Country

**33975**

**USA**

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

**CONNELL, CECIL EVAN**  
**1193 COUNTY ROAD**  
**#830**  
**FELDA FL 33930**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete  
NAME **CONNELL, CECIL EVAN**  
STREET ADDRESS **COUNTY RD. 830 #1193, P.O. BOX 666 N/A**  
CITY-ST-ZIP **FELDA FL**

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

TITLE **ST** ☐ Delete  
NAME **CONNELL, DEBORA G.**  
STREET ADDRESS **COUNTY ROAD 830 1193 P.O. BOX 666 N/A**  
CITY-ST-ZIP **FELDA FL**

TITLE **DP** ☒ Change ☐ Addition  
NAME **Connell, Debora G.**  
STREET ADDRESS **530 main St. PO Box 743**  
CITY-ST-ZIP **LaBelle, FL 33975**

TITLE \_\_\_\_\_ ☐ Delete  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE **ST** ☐ Change ☒ Addition  
NAME **Connell, Justin W.**  
STREET ADDRESS **530 main St. PO Box 743**  
CITY-ST-ZIP **LaBelle, FL 33975**

TITLE \_\_\_\_\_ ☐ Delete  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **3/12/03** **863 674-1155**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)