

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L19314

1. Entity Name

R & R PRODUCE, INC.

FILED  
SECRETARY OF STATE  
FLORIDA CORPORATIONS

00 NOV 17 AM 10:59

Principal Place of Business

114 NEW MARKET ROAD  
IMMOKALEE FL 34142  
US

Mailing Address

~~1622 LAKE TRAFFORD ROAD~~  
~~STE #113~~ P.O. Box 3418  
IMMOKALEE FL ~~34142~~ 34143  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3418

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Immokalee, FL

Zip

34143

Country

Collier

4. FEI Number

65-0145438

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, ROY W.

~~1622 LAKE TRAFFORD ROAD~~  
~~STE #113~~ P.O. Box 3418  
IMMOKALEE FL ~~34142~~ 34143

7. Name and Address of New Registered Agent

Name

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

114 NEW MARKET RD.

City

Immokalee

FL

Zip Code

34142

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

ROY W. ROBERTS

Roy W. Roberts

11-15-00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 PD  
NAME ROBERTS, ROY W.  
STREET ADDRESS ~~1622 LAKE TRAFFORD RD, #113~~ P.O. Box 3418  
CITY-ST-ZIP IMMOKALEE FL 34143

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 Sept. 2000

941-657-3843

Date

Daytime Phone #

CR2E034 (500)