

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L55368

1. Entity Name

J. T. HARVESTING, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90060 032 \*\*\*150.00

Principal Place of Business

Mailing Address

~~% NORMA F. CASSENS~~  
 3180 N KINGS HWY  
 FT PIERCE FL 34951

~~% NORMA F. CASSENS~~  
 3180 N KINGS HWY  
 FT PIERCE FL 34951-4025

2. Principal Place of Business

3. Mailing Address

P.O. Box 613

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

Zip

Country

Zip

Country

34954-0613



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0175770

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

DIXON, WILLIAM BRUCE JR.  
 3180 N KINGS HWY  
 FT PIERCE FL 34951

Name

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

1898 Shinn Road

City

Fort Pierce

FL

Zip Code

34945

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

*W. Bruce Dixon Jr.*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-1-00

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	P	<input type="checkbox"/> Delete
NAME	DIXON, WILLIAM BRUCE JR.	
STREET ADDRESS	3180 N KINGS HWY	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASSENS, STEVEN D	
STREET ADDRESS	3180 N KINGS HWY	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1898 Shinn Road	
CITY-ST-ZIP	Fort Pierce, FL 34945	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN F. CASSENS	
STREET ADDRESS	1876 Shinn Road	
CITY-ST-ZIP	Fort Pierce, FL 34945	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Catherine CasSENS-Dixon	
STREET ADDRESS	1898 Shinn Road	
CITY-ST-ZIP	Fort Pierce, FL 34945	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven D. CasSENS	
STREET ADDRESS	1876 Shinn Road	
CITY-ST-ZIP	Fort Pierce, FL 34945	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*W. Bruce Dixon Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #