

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90003 039 ***550.00

DOCUMENT # L85617

1. Entity Name

HICKORY HILL CITRUS NURSERY, INC.

Principal Place of Business

Mailing Address

620 S.R. 542
 SUITE B
 DUNDEE FL 33838
 US

PO OFFICE 209
 LAKE WALES FL 33859-0209
 US

2. Principal Place of Business

2513 LURE CT.

3. Mailing Address

P.O. Box 209

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WALES FL

City & State

LAKE WALES FL

4. FEI Number **59-3022946**

Applied For

Not Applicable

Zip

Country

Zip

Country

FL 33853

USA

33859-0209

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

MACHATA, A MICHAEL
233 E SESSOMS AVE
LK WALES FL 33853

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, 2001 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
PTS
MACHATA, A MICHAEL
233 E SESSOMS AVE
LK WALES FL 33853 ☐ Delete

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☐ Change ☐ 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:

A. MICHAEL MACHATA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/1/01 (863) 696-1566

0627227

CR2E034 (10/00)