

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019376 AF

DOCUMENT # L98000000568

1. Entity Name  
J-4 CITRUS, LLC

FILED

01 FEB 22 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1050 SNIVELY AVE.  
WINTER HAVEN FL 33880

Mailing Address  
P.O. BOX 1876  
DUNDEE FL 33838-1876

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3512621

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBY, MARSHA B  
11300 HATCHINEHA ROAD  
HAINES CITY FL 33844

Name  
MARSHA L. BOWEN

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

SAME AS LISTED TO LEFT

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 MARSHA L. BOWEN

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

(NOTE: Registered Agent signature required when reinstating)

2/16/01  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME BOWEN, MARSHA L  
STREET ADDRESS 11300 HATCHINEHA ROAD  
CITY-ST-ZIP HAINES CITY FL 33844 ☐ Delete

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

TITLE MGR  
NAME JACOBY, GEORGE B  
STREET ADDRESS 11300 HATCHINEHA ROAD  
CITY-ST-ZIP HAINES CITY FL 33844 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/16/01 863-298-8270

Date

Daytime Phone #

CR2E083 (11/00)