

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0011879 AF

DOCUMENT # L99000007620

1. Entity Name
FLORIDA CITRUS, LLC

00 MAY -3 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2698 STATE ROAD 542
AUBURNDALE FL 33823

Mailing Address
2698 STATE ROAD 542
AUBURNDALE FL 33823-4912



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5640 STATE RD 542
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
WINTER HAVEN FL
Zip
33880

City & State

4. FEI Number
SSA 521-21-9267

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEARD, CARL R
2698 STATE ROAD 542
AUBURNDALE FL 33823

7. Name and Address of New Registered Agent

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

4/12/00

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME BEARD, CARL R
STREET ADDRESS 2698 STATE ROAD 542
CITY- ST- ZIP AUBURNDALE FL 33823

TITLE MGR ☐ Delete
NAME BEARD, W. PEYTON III
STREET ADDRESS 2073 CYPRESS DRIVE
CITY- ST- ZIP CHARLOTTE VA 22911

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
NAME 300003269589-3
STREET ADDRESS -05/30/00-01009-011
CITY- ST- ZIP *****50.00 *****50.00

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

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

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 OR MANAGER

Date

Daytime Phone #

4/12/00

CR2E083 (9/99)