

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02261

1. Entity Name

SUN CITRUS ASSOCIATION, INC.

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90001 047 ***150.00

Principal Place of Business

Mailing Address

C/O 1180 N. FEDERAL HWY
POMPANO BEACH FL 33062
US

C/O 1180 N. FEDERAL HWY
POMPANO BEACH FL 33062
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2436615

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

MASSINGILL, JOAN
1180 N. FEDERAL HWY
POMPANO BEACH FL 33062

2731 NE 10 ST
POMPANO BCH FL
33062

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, 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	PD	<input type="checkbox"/> Delete
NAME	MASSINGILL, JOAN	
STREET ADDRESS	1180 N. FEDERAL HWY.	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZUCKER, ROBERT A	
STREET ADDRESS	7481 NW 4TH ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROTH, BOB	
STREET ADDRESS	5660 GRIFFIN RD.	
CITY-ST-ZIP	DAVE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUSHMAN, ALLEN	
STREET ADDRESS	3325 FOREST HILL BLVD.	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPICE, ROBERT R JR.	
STREET ADDRESS	7250 GRIFFIN ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CUSHMAN, JOHN	
STREET ADDRESS	3325 FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2731 NE 10 ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
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		
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:

Joan Massingill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-00

Date

954-782-2687

Daytime Phone #

CR2E034 (9/99)

Attachment DOCT#! MO2261
AD072261
SUN CITRUS ASSOCIATION, INC.

August 4, 2000

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

REFERENCE NUMBER: MO2261

Dear Sir or Madam:

It has come to my attention that the 2000 Uniform Business Report for Sun Citrus Association, Inc. has not been filed. Upon research into the situation I found your letter of March 30, 2000 stating that the return had been filed without a check for \$150.00. I received your letter at a time when I was ill, and it was mistakenly filed away without my knowledge. I apologize for this oversight.

Upon discovery of your letter, I called the Florida Department of State and spoke to Christy in the phone section. She suggested I send the report with \$150.00 and a letter of explanation. If you have any further questions, please contact me at (954) 782-2687. Thank you for your understanding.

Sincerely,



Joan Massingill
President



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

March 30, 2000

SUN CITRUS ASSOCIATION, INC.
C/O 1180 N. FEDERAL HWY
POMPANO BEACH, FL 33062 US

Subject: SUN CITRUS ASSOCIATION, INC.

Reference Number: M02261

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sh

ANNUAL REPORTS SECTION

*Christy -
Phone section*