

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90062 018 *****61.25

DOCUMENT # N01000000303

1. Entity Name

ABUNDANT FRUITS, INC.



Principal Place of Business

**1000 BETHUNE DR.
ORLANDO FL 32805**

Mailing Address

**1000 BETHUNE DR.
ORLANDO FL 32805**

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 **04-3641944**

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

**NEMBARD, RALSTON B
8413 CLEMATIS LANE
ORLANDO FL 32819**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BURGESS, GRACE	
STREET ADDRESS	220 DOMINO DR.	
CITY-ST-ZIP	ORLANDO 32 805	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, BYRON	
STREET ADDRESS	4249 GAITHER DR.	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAWKINS, ERNESTINE	
STREET ADDRESS	1108 CORETTA WAY	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, MAUDE	
STREET ADDRESS	1125 CORETTA WAY	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eddie Bourne	
STREET ADDRESS	6324 Powers Point Circle,	
CITY-ST-ZIP	Orlando, Fl. 32818.	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Isadore Hyde	
STREET ADDRESS	434 Lakeshore Dr.	
CITY-ST-ZIP	Lake Mary, Fl. 32746.	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas Ash,	
STREET ADDRESS	1000 Drift Creek Cove	
CITY-ST-ZIP	Orlando, Fl. 32828.	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sonia Sergeant,	
STREET ADDRESS	173 Chicago Woods Circle,	
CITY-ST-ZIP	Orlando, Fl. 32824.	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: RALSTON B NEMBARD 4/8/03 (407) 295-1923

CR2E037 (10/02)