

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90004 030 ****61.25

DOCUMENT # N37316

1. Entity Name

SPRING HILL CHAPTER OF RARE FRUIT COUNCIL INTERN

Principal Place of Business

Mailing Address

13090 CENTENNIAL STREET
 SPRINGHILL FL 34609
 US

13090 CENTENNIAL STREET
 SPRING HILL FL 34609-1421
 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

NOT APPLICABLE

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

RATAJIK, ANN
13090 CENTENNIAL STREET
SPRING HILL FL 34609

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
 NAME **RITTER, LORRAINE**
 STREET ADDRESS **10283 BEDFORD ROAD**
 CITY-ST-ZIP **SPRING HILL FL 34608**

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

TITLE **DS** ☐ Delete
 NAME **RATAJIK, ANN**
 STREET ADDRESS **13090 CENENNIAL ST**
 CITY-ST-ZIP **SPRINGHILL FL**

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

TITLE **DV** ☐ Delete
 NAME **PERKINS, GISELE**
 STREET ADDRESS **8088 SPANISH OAK DRIVE**
 CITY-ST-ZIP **SPRINGHILL FL 34608**

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

TITLE **DT** ☐ Delete
 NAME **FREDERICK, EDWARD**
 STREET ADDRESS **13090 CENTENNIAL ST**
 CITY-ST-ZIP **SPRINGHILL FL**

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

TITLE **DD** ☐ Delete
 NAME **MALE, VIRGINIA**
 STREET ADDRESS **4355 CULBREATH RD**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

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

TITLE **DP** ☒ Delete
 NAME **PERNA, CHUCK**
 STREET ADDRESS **5015 CHAMBERS CT**
 CITY-ST-ZIP **SPRINGHILL FL**

TITLE ☒ Change ☐ Addition
 NAME **DD**
 STREET ADDRESS **ART HEDSTRAND**
 CITY-ST-ZIP **28390 OLD TRILBY RD**
BROOKSVILLE FL 34602

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 all other like empowered.

SIGNATURE:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00

352 686-7848

Date

Daytime Phone #

CR2E037 (9/99)