FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37316 1. Enlity Name SPRING HILL CHAPTER OF RARE FRUIT COUNCIL INTERN								Apr 16, 2001 8:00 an Secretary of State 04-03-2001 90010 021 ****61.25										
•	ece of Busines ENNIAL STREE FL 34609		Mailing Address 13090 CENTENNIAL STREET SPRING HILL FL 34609 US															
2. Principal	Place of Busin	ness	3. Mailing Address															
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE											
City & State			City & State				4. FEI Number NOT APPLICABLE Applied For Not Applicable											
Zip Country		Country	Zip	Country			5. Certificate of Status Desired Security \$8.75 Additional Fee Required											
	6. Name	and Address of Current	Registered Agent				7. Name and	Address of Ne	w Registered	Agent]						
RATAJIK, ANN 13090 CENTENNIAL STREET SPRING HILL FL 34609					Street	EDWARD FREDRICK Address (P.O. Box Number is Not Acceptable) 13090 CENTENN(AL ST SPRING HIL, FL FL Zip.Code 34609												
SIGNATURE EAWARA, FREARI Signature, typed or printed name of registered agent a FILE NOW: FEE IS \$61.25			9. Election Campaign Financing \$5.0			O May Be Department of State												
10.		OFFICERS AND DIR	FCTORS	11.		Δ	DDITIONS/CHA	NGES TO OFFIC	SERS AND DI	DECTORS IN	10	-						
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP		DUTTONS/CHA	NGES TO OFFIC	SEUS MAD DI	Change	Addition	CR2E037 (10/00)						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RATAJIK, 1 13090 CEI SPRINGHII	JIK, ANN D CENENNIAL ST			T ADDRESS ST-ZIP	435	OS MALE VIRGINIA 4355 CULBREATH CD BROOKSVILLE FL34601											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	Gisele:	☐ Delete							☐ Change	Addition							
NAME STREET ADDRESS CITY-ST-ZIP	DT FREDERIC	K, EDWARD ITENNIAL ST	☐ Delete	TITLE NAME STREE CITY-S	ADDRESS				•	Change	☐ Addition							
TITLE NAME STREET ADDRESS STTY-ST-ZIP	DO MALE, VIR 4355 CULE		SST Delete TH RD				UCK PERNA OIS CHAMBERS CT IRING HILL FL 3469											
TTLE LAME LTREET ADDRESS LTY-ST-ZIP	DD HEDSTRAN 28390 OLD		☐ Deleta	TITLE NAME STREET CITY-S	adoress T-zip					Change	Addition	ı 						

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 all other like empowered.

SIGNATURE: Signature Signatur

SERINARD, FREDRICK 3.52-686-7848
Daysona Phone 1