

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006974

1. Entity Name

FLORIDA CITRUS HALL OF FAME, INCORPORATED

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90237 009 \*\*\*\*61.25

Principal Place of Business

211 AVE G SW  
WINTER HAVEN FL 33880

Mailing Address

P O BOX 30  
WINTER HAVEN FL 33882-0030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3483292

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HEMENWAY, RICHARD  
70 FLORIDA CITRUS BLVD.  
WINTER HAVEN FL 33880

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 ☐ Delete  
NAME HEMENWAY, RICHARD  
STREET ADDRESS 211 AVE G SW  
CITY-ST-ZIP WINTER HAVEN FL 33880

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

TITLE ☐ Delete  
NAME JOINER, JAMES T  
STREET ADDRESS 190 AVENUE A, N.W.  
CITY-ST-ZIP WINTER HAVEN FL 33882

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

TITLE ☒ Delete  
NAME DC  
STREET ADDRESS CHICONE, JERRY  
CITY-ST-ZIP 118 E. JEFFERSON STREET  
ORLANDO FL 32854

TITLE ☐ Change ☒ Addition  
NAME W. Lindsay Raley, Jr  
STREET ADDRESS 211 Ave G SW  
CITY-ST-ZIP Winter Haven, FL 33880

TITLE ☒ Delete  
NAME DVC  
STREET ADDRESS KINGHAM, RICHARD  
CITY-ST-ZIP 211 AVE G SW  
WINTER HAVEN FL 33880

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00 863-292-5810

Date

Daytime Phone #

CR2E037 (9/99)