

**2000 UNIFORM BUSINESS REPORT (UBR)**

1/27/00-90059-003-\$61.25-\$61.25

**DOCUMENT # N99000001026**

**FILED**

**00 FEB 29 AM 10:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**1. Entity Name**  
**FLORIDA CITRUS PROCESSORS ASSOCIATION**

**Principal Place of Business**

**490 3RD ST NW  
WINTER HAVEN FL 33881-0401**

**Mailing Address**

**P.O. BOX 780  
WINTER HAVEN FL 33882-0780**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**  
**59-0245873**

Applied For  
Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**RATH, LISA Y  
935 SOUTH OAK AVENUE  
BARTOW FL 33830**

**7. Name and Address of New Registered Agent**

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**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	VSM	<input type="checkbox"/> Delete
NAME	RATH, LISA Y	
STREET ADDRESS	935 SOUTH OAK AVENUE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARVEY, CHARLES H	
STREET ADDRESS	1019 PARK DRIVE	
CITY-ST-ZIP	LABELLE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BECKER, R. W	
STREET ADDRESS	2195 NORTH KINGS HIGHWAY	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BEHR, ROBERT W	
STREET ADDRESS	2625 HOLLINGSWORTH HILL	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, CHARLES H.	
STREET ADDRESS	1019 PARK DRIVE	
CITY-ST-ZIP	LABELLE FL 33902	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHR, ROBERT M	
STREET ADDRESS	2625 HOLLINGSWORTH HILL	
CITY-ST-ZIP	LAKELAND FL	
TITLE	FIRST VICE PRESIDENT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	L. RICHARD TOMLIN	
STREET ADDRESS	355 SOUTH 9TH STREET	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	SECOND VICE PRESIDENT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM S. DuBOSE/D	
STREET ADDRESS	5200 U.S. Hwy 98 SOUTH	
CITY-ST-ZIP	LAKELAND, FL	

**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:**

*LISA YOUNG RATH*  
**LISA YOUNG RATH, EXEC. VICE PRES/GEN. MGR/SECRETARY**

January 18, 2000

863/293-4171

Date

Daytime Phone #

CFR2E037 (9/99)

**KE**