

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001026

1. Entity Name

FLORIDA CITRUS PROCESSORS ASSOCIATION

Principal Place of Business

490 3RD ST NW
WINTER HAVEN FL 33831-0401

Mailing Address

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

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

59-0245873

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

RATH, LISA Y
935 SOUTH OAK AVENUE
BARTOW FL 33830

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 NAME STREET ADDRESS CITY-ST-ZIP	VSM RATH, LISA Y 935 SOUTH OAK AVENUE BARTOW FL 33830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARVEY, CHARLES H 1019 PARK DRIVE LABELLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BEHR, ROBERT W 2625 HOLLINGSWORTH HILL LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD TOMLIN, L. RICHARD 355 SOUTH 9TH STREET WINTER GARDEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD DUBOSE, WILLIAM S 5200 U.S. HWY. 98 SOUTH LAKELAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 909 LAKE OTIS DRIVE NORTH WINTER HAVEN, FLORIDA 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2VPD CHARLES H. HARVEY 6000 HWY 29 SOUTH LABELLE, FLORIDA 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD L. RICHARD TOMLIN 335 SOUTH 9TH STREET WINTER GARDEN FLORIDA 34777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T NICHOLAS EMANUEL 5397 HWY 60 EAST LAKE WALES FLORIDA 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LISA YOUNG RATH

1/16/2001

863/293-4171

Date Daytime Phone #

006776

CR2E037 (10/00)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90001 031 ****61.25

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DO NOT WRITE IN THIS SPACE