

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000058462

FILED
Apr 22, 2002 8:00 AM
Secretary of State

Entity Name: FLORIDA INDIAN RIVER CITRUS, INC.

Current Principal Place of Business:

652 AZALEA LANE
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2764
VERO BEACH, FL 32961

New Mailing Address:

FEI Number: 65-1019639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLES, THOMAS R
5005 INDIAN BEND LANE
FT. PIERECE, FL 34951

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KNOWLES, THOMAS R
Address: 5005 INDIAN BEND LANE
City-St-Zip: FT. PIERECE, FL 34951

Title: S (X) Delete
Name: KNOWLES, SHARON
Address: 5005 INDIAN BEND LANE
City-St-Zip: FT. PIERECE, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KNOWLES, THOMAS R
Address: 5005 INDIAN BEND LANE
City-St-Zip: FT. PIERECE, FL 34951

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R KNOWLES

PD

04/22/2002

Electronic Signature of Signing Officer or Director

_____ Date