

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064632

1. Entity Name
SUMMER BREEZE FRUIT COMPANY

Principal Place of Business
2625 HOLLINGSWORTH HILL AVE.
LAKELAND FL 33803

Mailing Address
2625 HOLLINGSWORTH HILL AVE.
LAKELAND FL 33803

2. Principal Place of Business
1011 SW 112 ST
Suite, Apt. #, etc.

3. Mailing Address
1011 SW 112 ST
Suite, Apt. #, etc.

City & State
GAINESVILLE FL
Zip
32607
Country
USA

City & State
GAINESVILLE FL
Zip
32607
Country
USA

4. FEI Number
59-3657165

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BEHR, ROBERT M
2625 HOLLINGSWORTH HILL AVE.
LAKELAND FL 33803

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BEHR, ROBERT M
2625 HOLLINGSWORTH HILL AVE.
LAKELAND FL 33803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SPREEN, THOMAS H
1011 SW 112TH ST.
GAINESVILLE FL 32607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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
Robert M. Behr 9/10/01 863-687-6989

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90047 005 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)