

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100869

1. Entity Name  
CLARK B. MILLER CITRUS, INC.

Principal Place of Business  
135 AVE. W NE  
WINTER HAVEN FL 33881

Mailing Address  
135 AVE. W NE  
WINTER HAVEN FL 33881

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

65-1056281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BELLAMY, FAYE A  
135 AVE. W NE  
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

200004604712--0

-03/21/01--01092--024

\*\*\*\*150.00 \*\*\*\*150.00

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  
BELLAMY, FAYE A  
2213 9TH LANE, NE  
WINTER HAVEN FL 33881 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CLARK, CURNITA J  
P. O. BOX 3736  
WINTER HAVEN FL 33885 ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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12.

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STREET ADDRESS  
CITY-ST-ZIP

9-13-2001

I did not

receive January  
2001 Report.

Please cancel the  
\$400.00 late fee.

Thanks

Faye Bellamy  
CLARK B. MILLER

Ref. #  
P00000100869

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

8/3/01

Daytime Phone #

0123663 AT

CP2E034 (5/01)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 20 PM 2:42



DO NOT WRITE IN THIS SPACE