

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000001413

1. Entity Name

FLORIDA CITRUS CENTER, INC.

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90064 048 ***558.75

Principal Place of Business

Mailing Address

42 SLEEPY HOLLOW RD.
DOCTORS INLET FL 32030
US

P. O. BOX 8
DOCTORS INLET FL 32030-0008
US

2. Principal Place of Business

42 SLEEPY HOLLOW ROAD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 8

Suite, Apt. #, etc.

City & State

MIDDLEBURG, FL.

City & State

DOCTORS INLET, FL.

4. FEI Number

59-3165555

Applied For

Not Applicable

Zip

32068

Country

USA

Zip

32030

Country

USA

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

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER ST
SUITE 1800
JACKSONVILLE FL 32202

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	ASHBY, GEORGE H JR	
STREET ADDRESS	42 SLEEPY HOLLOW RD.	
CITY-ST-ZIP	DOCTORS INLET FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JENNINGS, EDWARD A	
STREET ADDRESS	42 SLEEPY HOLLOW RD.	
CITY-ST-ZIP	DOCTORS INLET FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JENNINGS, DEBBIE	
STREET ADDRESS	42 SLEEPY HOLLOW RD.	
CITY-ST-ZIP	DOCTORS INLET FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KOSCIANSKI, MARILYN	
STREET ADDRESS	42 SLEEPY HOLLOW RD.	
CITY-ST-ZIP	DOCTORS INLET FL	
TITLE	RDM	<input checked="" type="checkbox"/> Delete
NAME	BENDER, STEVEN	
STREET ADDRESS	42 SLEEPY HOLLOW RD.	
CITY-ST-ZIP	DOCTORS INLET FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHBY, GEORGE H. JR.	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	MIDDLEBURG, FL. 32068	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, EDWARD A.	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	MIDDLEBURG, FL. 32068	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBRA JENNINGS	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	MIDDLEBURG, FL. 32068	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMONT, CHARLES A.	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	MIDDLEBURG, FL. 32068	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOGAN, CLARK	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	MIDDLEBURG, FL. 32068	
TITLE	ASSIST. S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFRED, ALICIA	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	MIDDLEBURG, FL. 32068	

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

CLARK COOGAN

5/12/00

Date

(904) 272-9548

Daytime Phone #