

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P93000001413**1. Entity Name  
FLORIDA CITRUS CENTER, INC.

## Principal Place of Business

42 SLEEPY HOLLOW RD.

MIDDLEBURG

32068

US

FL

## Mailing Address

P. O. BOX 8

DOCTORS INLET

32030

US

FL

## 2. Principal Place of Business

42 SLEEPY HOLLOW ROAD

## 3. Mailing Address

42 SLEEPY HOLLOW ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

MIDDLEBURG

FL

## City &amp; State

MIDDLEBURG

FL

## 4. FEI Number

59-3165555

Applied For

Not Applicable

Zip  
32068Country  
USZip  
32068Country  
US

## 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  
32202

FL

## 7. Name and Address of New Registered Agent

## Name

BLACKBURN DENNIS L

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

5150 BELFORT ROAD SOUTH

## BUILDING 500

## City

JACKSONVILLE

FL

Zip Code  
32256

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 **DENNIS L. BLACKBURN****04/26/2001**

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, 2001 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	AS	<input type="checkbox"/> Delete
NAME	ALFRED ALICIA	
STREET ADDRESS	42 SLEEPY HOLLOW RD.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	V	<input type="checkbox"/> Delete
NAME	COOGAN CLARK	
STREET ADDRESS	42 SLEEPY HOLLOW RD.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAMONT CHARLES A	
STREET ADDRESS	42 SLEEPY HOLLOW RD.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	S	<input type="checkbox"/> Delete
NAME	JENNINGS DEBRA	
STREET ADDRESS	42 SLEEPY HOLLOW RD.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	V	<input type="checkbox"/> Delete
NAME	JENNINGS EDWARD A	
STREET ADDRESS	42 SLEEPY HOLLOW RD.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	P	<input type="checkbox"/> Delete
NAME	ASHBY GEORGE HJR	
STREET ADDRESS	42 SLEEPY HOLLOW RD.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFRED ALICIA	
STREET ADDRESS	42 SLEEPY HOLLOW RD.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMRICK RICHARD G	
STREET ADDRESS	42 SLEEPY HOLLOW RD.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS DEBORAH	
STREET ADDRESS	42 SLEEPY HOLLOW RD.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMONT CHARLES A	
STREET ADDRESS	42 SLEEPY HOLLOW RD.	
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 RD.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHBY, JR. GEORGE H	
STREET ADDRESS	42 SLEEPY HOLLOW RD.	
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: **ALICIA ALFRED**

AS

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)