

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000036946

1. Entity Name
CITRUS RECOVERY CORPORATION

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90696 001 ***300.00

Principal Place of Business
1717 INDIAN RIVER BLVD.
STE 100
VERO BEACH FL 32960
US

Mailing Address
1717 INDIAN RIVER BLVD.
STE 100
VERO BEACH FL 32960
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **65-0415993**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RILEY, RANDY J
1717 INDIAN RVR BLVD
STE 100
VERO BEACH FL 32960

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  **Randy J. Riley, President** **4/30/2001**
Signature, typed or printed name of registered agent and date 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRACKETT, ROBERT L | |
| STREET ADDRESS | 1717 INDIAN RIVER BLVD. | |
| CITY-ST-ZIP | VERO BEACH FL 32960 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GRAVES JR, HUBERT | |
| STREET ADDRESS | 1717 INDIAN RIVER BLVD. | |
| CITY-ST-ZIP | VERO BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCHLITT, LOUIS L | |
| STREET ADDRESS | 1717 INDIAN RIVER BLVD. | |
| CITY-ST-ZIP | VERO BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMITH JR, WALTER E. | |
| STREET ADDRESS | 1717 INDIAN RIVER BLVD. | |
| CITY-ST-ZIP | VERO BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | THOMPSON, JAMES R | |
| STREET ADDRESS | 1717 INDIAN RIVER BLVD. | |
| CITY-ST-ZIP | VERO BEACH FK | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | COX JR, JOSH C | |
| STREET ADDRESS | 1717 INDIAN RVR BLVD STE 100 | |
| CITY-ST-ZIP | VERO BEACH FK | |

| | | |
|----------------|-------------------------|--|
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Masteller, Earl H. | |
| STREET ADDRESS | 869 Robin Lane | |
| CITY-ST-ZIP | Sebastian, FL 32958 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lambert, Roy H. | |
| STREET ADDRESS | 990 Sandfly Lane | |
| CITY-ST-ZIP | Vero Beach, FL 32963 | |
| TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Riley, Randy J. | |
| STREET ADDRESS | 1717 Indian River Blvd. | |
| CITY-ST-ZIP | Vero Beach, FL 32960 | |
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Graves Jr., Hubert | |
| STREET ADDRESS | 1717 Indian River Blvd. | |
| CITY-ST-ZIP | Vero Beach, FL 32960 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E034 (10/00)

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  **Randy J. Riley, President** **4/30/2001 (561) 778-4100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #