

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90044 007 ***158.75

DOCUMENT # P93000062126

1. Entity Name
DBS CITRUS PACKING, INC.

Principal Place of Business
1975 WEST STATE RD. 426
OVIEDO FL 32765

Mailing Address
P.O. BOX 620257
OVIEDO FL 32762-0257
US

BCC18544



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3206144		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BOZARTH, STEPHEN J 800 NORTH MAGNOLIA AVE. SUITE 1500 ORLANDO FL 32803				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (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. ☐ **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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENGLISH, HUGH			NAME			
STREET ADDRESS	1975 W. STATE ROAD 426			STREET ADDRESS			
CITY-ST-ZIP	OVIEDO FL 32765			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAF, DONALD L.			NAME			
STREET ADDRESS	1975 W. STATE ROAD 426			STREET ADDRESS			
CITY-ST-ZIP	OVIEDO FL 32765			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTYN, CHARLES P III			NAME			
STREET ADDRESS	393 TEQUESTA DR.			STREET ADDRESS	Tequesta, FL 33469-3098		
CITY-ST-ZIP	TEQUESTA FL			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SNIVELY, M. PATE			NAME			
STREET ADDRESS	2288 EXECUTIVE RD.			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIVINGSTON, CALVIN J			NAME			
STREET ADDRESS	1975 WEST STATE ROAD 426			STREET ADDRESS			
CITY-ST-ZIP	OVIEDO FL 32765			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUDA, FERDINAND S.			NAME			
STREET ADDRESS	1975 W. STATE ROAD 426			STREET ADDRESS			
CITY-ST-ZIP	OVIEDO FL 32765			CITY-ST-ZIP			

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: Donald L. Graf **Donald L. Graf, Vice President** (407)365-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

293000062124

00018544

DBS CITRUS PACKING, INC.

Federal I.D. No. 59-3206144

ADDITIONAL OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>
BURG, Clifford F.	Director	7150 S.W. Kanner Hwy	Indiantown, FL 34956
CASEY, Joseph F.	Treasurer/ Asst. Secy.	1975 W. State Road 426	Oviedo, FL 32765
DUDA, David J.	Asst. Secy.	1975 W. State Road 426	Oviedo, FL 32765