

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024602

1. Entity Name

NATURAL CITRUS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90059 014 ***150.00

Principal Place of Business

Mailing Address

401 E CHASE ST
 STE 105
 PENSACOLA FL 32501
 US

P.O. BOX 940
 GULF BREEZE FL 32562-0940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

17 W. Cedar St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

City & State

City & State

Pensacola FL

Zip 32562

Country USA

Zip

Country

4. FEI Number 59-3237936

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

BRANNEN, DAVID A

401 E CHASE ST - 17 W Cedar St - Suite 2
 STE 105-2
 PENSACOLA FL 32501

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
 NAME LEVIN, ALLEN R
 STREET ADDRESS 2200 VIA DE LUNA
 CITY-ST-ZIP PENSACOLA BEACH FL 32561 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
 NAME BRANNEN, DAVID A
 STREET ADDRESS 401 E CHASE ST STE 105
 CITY-ST-ZIP PENSACOLA FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS P.O. Box 940
 CITY-ST-ZIP Gulf Breeze, FL 32501 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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

David A. Brannen

Date

4/24/00

Daytime Phone #

850-434-7100

CF 1 034 (9/99)