

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000094246

1. Entity Name

GENE'S CITRUS RANCH, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90058 002 ***158.75

Principal Place of Business

4805 BUCKEYE ROAD
PALMETTO MANATEE FL 34221
US

Mailing Address

P.O. BOX 996
PALMETTO FL 34220-0996
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0547216

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MIXON, EUGENE A
4805 BUCKEYE ROAD
PALMETTO FL 34221

Name

SCOTT MIXON

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

4805 Buckeye Rd

City

Palmetto

FL

Zip Code

34201

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 NAME ☐ Delete
P
MIXON, EUGENE A
STREET ADDRESS 2908 26TH AVENUE E
CITY-ST-ZIP BRADENTON FL

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

TITLE NAME ☐ Delete
V
MIXON, R. E
STREET ADDRESS 11300 O'NEIL ROAD
CITY-ST-ZIP PALMETTO FL 34221

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

TITLE NAME ☐ Delete
S
MIXON, SCOTT S
STREET ADDRESS 2833 48TH WAY EAST
CITY-ST-ZIP BRADENTON FL

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

TITLE NAME ☐ Delete
T
MIXON, CAROLE P
STREET ADDRESS 2908 26TH AVENUE E
CITY-ST-ZIP BRADENTON FL

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2000 941-723-0504

Date

Daytime Phone #

CR2E034 (9/99)