

2000 UNIFORM BUSINESS REPORT (UBR)Via
Ret**FILED**
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90057 018 ***150.00

DOCUMENT # P96000056233

1. Entity Name

RIVER SUN CITRUS MANAGEMENT, I, INC.

Principal Place of Business

Mailing Address

**206 N. 6TH AVENUE
WAUCHULA FL 33873****P.O. BOX 2325
WAUCHULA FL 33873-6325****715783**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0701219**

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

**SEE, JAMES V JR.
206 NORTH 6TH AVENUE
WAUCHULA FL 33873**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSD		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additi
	SEE, JAMES V JR.	707 OAK FOREST DR	WAUCHULA FL 33873				
	D		<input type="checkbox"/> Delete		D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additi
	MCKANE, DAVID B	274 RIVERSIDE AVENUE, FIRST FLOOR	WESTPORT CT 06880		MCKANE, DAVID B	180 POST ROAD EAST	WESTPORT, CT 06880
	D		<input type="checkbox"/> Delete		D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additi
	ROBBINS, PETER G	274 RIVERSIDE AVENUE, FIRST FLOOR	WESTPORT CT 06880		ROBBINS, PETER G	180 POST ROAD EAST	WESTPORT, CT 06880
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			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additi
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES V. SEE, JR. PRES. REGISTERED OFFICER OR DIRECTOR

863-773-9725

Date

Daytime Phone #