

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000065201**

1. Entity Name

R & H CITRUS, INC.**FILED****Feb 14, 2000 8:00 am**
Secretary of State

02-14-2000 90049 021 ***150.00

Principal Place of Business

Mailing Address

21ST STREET
200
BEACH FL 32960POST OFFICE BOX 6370
VERO BEACH FL 32961-6370

00001000



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

65-0774248

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

Name

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

City

FL

Zip Code

HAMILTON, S. THOMAS JR.
655 21ST STREET
SUITE 200
VERO BEACH FL 32960

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 State10. 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	PRES	<input type="checkbox"/> Delete
NAME	RANSON, CHARLES T	
STREET ADDRESS	655 21ST STREET, SUITE 200	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HAMILTON, S. THOMAS JR.	
STREET ADDRESS	655 21ST STREET, SUITE 200	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
S. THOMAS HAMILTON, JR.

Date

2/4/00

Daytime Phone #

561-569-4200

CR2E034 (9/99)