

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072292

1. Entity Name

KING SUN CITRUS, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90068 003 ***150.00

Principal Place of Business

P.O. BOX 450188
FL 34745

Mailing Address

P.O. BOX 450188
KISSIMMEE FL 34745-0188

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3476780**

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

IVEY, CLARENCE L
2220 BOGGY CREEK ROAD
KISSIMMEE FL

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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVEY, CLARENCE L		NAME		
STREET ADDRESS	24500 OLD DIXIE HWY		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVEY, ESTHER L		NAME		
STREET ADDRESS	2450 OLD DIXIE HWY		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, SHERYL IVEY		NAME		
STREET ADDRESS	5585 ALLIGATOR LAKE RD		STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL 34772		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUERS, CYNTHIA IVEY		NAME		
STREET ADDRESS	1304 BRACK ST		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34741		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVEY, JAY L		NAME		
STREET ADDRESS	2158 MACY ISLD RD		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Clarence L Ivey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00 (407)348-4757
Date Daytime Phone #

CR2E034 (9/99)