

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90010 006 ***550.00

DOCUMENT # P97000083451

1. Entity Name
CITRUS PARK FARMS, INC.

Principal Place of Business Mailing Address
~~25501 TROST BLVD SE~~ ~~25501 TROST BLVD SE~~
~~BONITA SPRINGS FL 34135-6422~~ ~~BONITA SPRINGS FL 34135-6422~~
12322 Isabella Dr **12322 Isabella Dr**
Bonita Springs FL 34135 **Bonita Springs FL**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
~~12322 Isabella Dr~~ ~~12322 Isabella Dr~~
Suite, Apt. #, etc. Suite, Apt. #, etc.
F
City & State **Bonita Springs FL** City & State **Bonita Springs FL**
Fort Myers Florida
Zip **34135** Country **US** Zip **34135** Country **US**

4. FEI Number **59-3471313** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TROST, HEIN P
25501 TROST BLVD SE
BONITA SPGS FL 34135

7. Name and Address of New Registered Agent
Name **Andrew Jessen CPA**
Street Address (P.O. Box Number is Not Acceptable)
6371 Providence Court #4
City **Fort Myers** FL Zip Code **33919**

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]* DATE **Sept 9th 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	TROST-HEIN, PATRICIA E	
STREET ADDRESS	25501 TROST BLVD SE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135-6422	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Dieter Klees	
STREET ADDRESS	12322 Isabella Dr	
CITY-ST-ZIP	Bonita Springs FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Klees	
STREET ADDRESS	12322 Isabella Dr	
CITY-ST-ZIP	Bonita Springs FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **Sept 9th 2001** Daytime Phone #

092/600
AV

CR2E034 (5/01)