

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000066523****1. Entity Name**  
**DP&R HARVESTING, INC.****FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90116 049 \*\*\*150.00

Principal Place of Business

**380 AVE C SW**  
**WINTER HAVEN FL 33880**

Mailing Address

**P.O. BOX 1636**  
**WINTER HAVEN FL 33882****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **59-3527752**

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****PHARES, CLIFTON J III**  
**380 AVE C SW**  
**WINTER HAVEN FL 33880**

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, 2001 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 **P** ☐ Delete  
NAME **REITER, BRADLEY**  
STREET ADDRESS **17 LAKE AVE**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VP** ☐ Delete  
NAME **DAVIS, LARRY T JR**  
STREET ADDRESS **239 RYDELMONT RD**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **ST** ☐ Delete  
NAME **PHARES, CLIFTON J**  
STREET ADDRESS **708 AVE L S E**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**TITLE ☐ Change ☐ Addition  
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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: *Bradley Reiter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)