

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085110

1. Entity Name

CALEXICO, INC. TRUST ESTATE

Principal Place of Business

Mailing Address

P.O. BOX 1909
IMMOKALEE FL 34143

P.O. BOX 1909
IMMOKALEE FL 34143-1909

2. Principal Place of Business

3. Mailing Address

190 SO. 3 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

IMMOKALEE FL

Zip

Country

Zip

Country

34142

COLLIER



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0884733

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

OSORNIO, SANTOS N
190 SOUTH THIRD STREET
IMMOKALEE FL 34142

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 ☐ Delete
NAME OSORNIO, SANTOS N
STREET ADDRESS POST OFFICE BOX 1909
CITY-ST-ZIP IMMOKALEE FL 34143

TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ *
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:

SANTOS N OSORNIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-00

Date

941-657-5355

Daytime Phone #