

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2003 8:00 am
Secretary of State

09-09-2003 90027 005 ***550.00

DOCUMENT # P98000087829

1. Entity Name
CITRUS HIGHLANDS, INC.



Principal Place of Business
12222 HIGHWAY 27 NORTH
DAVENPORT FL 33837

Mailing Address
12222 HIGHWAY 27 NORTH
DAVENPORT FL 33837



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3540669**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOROVITZ, AARON J
215 NORTH EOLA DRIVE
ORLANDO FL 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/4/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BORNSTEIN, DAVID**
STREET ADDRESS **12222 HIGHWAY 27 NORTH**
CITY-ST-ZIP **DAVENPORT FL 33837**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/03

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

801460416
#P9800087829

**Lowndes
Drosdick
Doster &
Kantor
Reed, P.A.**

**A T T O R N E Y S
A T L A W**

KUMARIE JAGNARAIN
DIRECT DIAL: 407-418-6229
NORTH EOLA DRIVE OFFICE
POST OFFICE BOX 2809
ORLANDO, FLORIDA 32802-2809
kumarie.jagnarain@lowndes-law.com

 **MERITAS LAW FIRMS WORLDWIDE**

September 5, 2003

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Citrus Highlands, Inc.


Dear Madam or Sir:

Enclosed is the 2003 Uniform Business Report for the corporation listed below, together with our client's check in the amount of \$550.00 made payable to the Department of State representing the filing fee:

CITRUS HIGHLANDS, INC.

Please file the report immediately upon receipt. Thank you for your assistance in this matter.

Sincerely,


Kumarie Jagnarain
Legal Assistant to
Aaron J. Gorovitz

KSJ

cc: Aaron J. Gorovitz, Esq. (w/o encl.)

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