

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90091 025 ***150.00

0374889

DOCUMENT # P99000094316

1. Entity Name

FLORIDA MACADAMIA NUT ORCHARDS, INC.

Principal Place of Business

**14626 LORIDAWN DR.
SEMINOLE FL 33776**

Mailing Address

**14626 LORIDAWN DR.
SEMINOLE FL 33776**

2. Principal Place of Business

408 B 2ND STREET

3. Mailing Address

14626 LORIDAWN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INDIAN ROCKS BEACH, FL.

City & State

SEMINOLE, FL.

Zip

33785

Country

USA

Zip

33776

Country

USA4. FEI Number **59-3608873**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**NIEDECKEN, BEN W
14626 LORIDAWN DR.
SEMINOLE FL 33776**

7. Name and Address of New Registered Agent

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	NIEDECKEN, BEN W	
STREET ADDRESS	14626 LORIDAWN DR.	
CITY-ST-ZIP	SEMINOLE FL 33776	

TITLE	VTD	<input type="checkbox"/> Delete
NAME	BERK, VICKI H	
STREET ADDRESS	14626 LORIDAWN DR.	
CITY-ST-ZIP	SEMINOLE FL 33776	

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		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: *BEN W NIEDECKEN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEN W NIEDECKEN**4/29/01**

Date

727-596-6388

Daytime Phone #

CR2E034 (10/00)