

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S03694

1. Entity Name

SOUTHERN GARDENS CITRUS HOLDING CORPORATION

Principal Place of Business

111 PONCE DE LEON AVE.
CLEWISTON FL 33440

Mailing Address

111 PONCE DE LEON AVE.
CLEWISTON FL 33440-3032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

COFFMAN, STEPHEN V
111 PONCE DE LEON AVE.
CLEWISTON FL 33440

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, 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

TITLE PD ☐ Delete
NAME FAIRBANKS, J. NELSON
STREET ADDRESS 111 PONCE DE LEON AVE.
CITY-ST-ZIP CLEWISTON FL

TITLE S ☐ Delete
NAME BUKER, ROBERT H., JR.
STREET ADDRESS 111 PONCE DE LEON AVENUE
CITY-ST-ZIP CLEWISTON FL

TITLE V ☒ Delete
NAME GRACE, JERRY W
STREET ADDRESS 111 PONCE DE LEON AVE
CITY-ST-ZIP CLEWISTON FL

TITLE V ☐ Delete
NAME WADE, JR M
STREET ADDRESS 111 PONCE DE LEON AVE
CITY-ST-ZIP CLEWISTON FL

TITLE TAS ☐ Delete
NAME COFFMAN, STEPHEN V
STREET ADDRESS 111 PONCE DE LEON AVE
CITY-ST-ZIP CLEWISTON FL

TITLE CAST ☐ Delete
NAME WINE, ELLEN H
STREET ADDRESS 111 PONCE DE LEON AVE
CITY-ST-ZIP CLEWISTON FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE V D ☐ Change ☒ Addition
NAME TERRILL, JAMES E.
STREET ADDRESS 111 PONCE DE LEON AVE.
CITY-ST-ZIP CLEWISTON, FL 33440

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN V. COFFMAN

3/6/2000

Date

(863) 983-8121

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0316457 ☐ Applied For
☐ Not Applicable

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

CR2E034 (9/99)