

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S03694**

1. Entity Name

SOUTHERN GARDENS CITRUS HOLDING CORPORATION**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 91113 034 ***150.00

Principal Place of Business

Mailing Address

**111 PONCE DE LEON AVE.
CLEWISTON FL 33440****111 PONCE DE LEON AVE.
CLEWISTON FL 33440**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0316457**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 PD ☒ Delete
NAME FAIRBANKS, J. NELSON
STREET ADDRESS 111 PONCE DE LEON AVE.
CITY-ST-ZIP CLEWISTON FLTITLE S ☐ Change ☒ Addition
NAME GEFEN, LISA J.
STREET ADDRESS 111 PONCE DE LEON AVE.
CITY-ST-ZIP CLEWISTON, FL 33440TITLE S ☐ Delete
NAME BUKER, ROBERT H., JR.
STREET ADDRESS 111 PONCE DE LEON AVENUE
CITY-ST-ZIP CLEWISTON FLTITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME TERRILL, JAMES E
STREET ADDRESS 111 PONCE DE LEON AVE
CITY-ST-ZIP CLEWISTON FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V ☐ Delete
NAME WADE, JR M
STREET ADDRESS 111 PONCE DE LEON AVE
CITY-ST-ZIP CLEWISTON FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE TAS ☐ Delete
NAME COFFMAN, STEPHEN V
STREET ADDRESS 111 PONCE DE LEON AVE
CITY-ST-ZIP CLEWISTON FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE CAST ☐ Delete
NAME WINÉ, ELLEN H
STREET ADDRESS 111 PONCE DE LEON AVE
CITY-ST-ZIP CLEWISTON FLTITLE ☐ 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, TREASURER

4/25/01

(863) 983-8121

Date

Daytime Phone #

CR2E034 (10/00)