

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am  
Secretary of State

02-07-2001 90173 005 \*\*\*150.00

DOCUMENT # S07601

1. Entity Name

GRUBBS CITRUS, INC.

Principal Place of Business

GRUBBS CITRUS, INC.  
590 3RD STREET, NORTH  
EAGLE LAKE FL 33839  
US

Mailing Address

P.O. BOX 837  
EAGLE LAKE FL 33839-0837  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0225171

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

GRUBBS, RICKY L.  
4003 OLD NINE FOOT RD.  
WINTER HAVEN FL 33880

Name WILLIAM E. GRUBBS, JR.

Street Address (P.O. Box Number is Not Acceptable)  
210 SANTA ROSA DR.

City WINTER HAVEN FL Zip Code 33884

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 WILLIAM E. GRUBBS, JR. PRES. William E. Grubbs, Jr. 2-5-01  
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 D ☐ Delete  
NAME GRUBBS, WILLIAM E JR  
STREET ADDRESS 210 SANTA ROSA DR  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE P/V/T/S ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME GRUBBS, FRANCES T.  
STREET ADDRESS 210 SANTA ROSA DR.  
CITY-ST-ZIP WINTER HAVEN FL

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

TITLE D ☒ Delete  
NAME LINDA G. GRUBBS  
STREET ADDRESS 4003-OLD NINE FOOT RD  
CITY-ST-ZIP WINTER HAVEN FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: WILLIAM E. GRUBBS, JR.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)