

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S70070**

1. Entity Name

MENYFOAL FRUIT COMPANY, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90039 019 ***150.00

Principal Place of Business

3193 NW CR 661-A
ARCADIA FL 34266
US

Mailing Address

3193 NW CR 661-A
ARCADIA FL 34266-9088
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 **65-0277687**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****BROWN, FLETCHER**
124 N. BREVARD AVE.
ARCADIA FL 33821**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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLINGSWORTH, V.C.	
STREET ADDRESS	7355 NW HIGHWAY 70 WEST	
CITY-ST-ZIP	ARCADIA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLINGSWORTH, V.C., III	
STREET ADDRESS	8326 NW PINE LEVEL STREET	
CITY-ST-ZIP	ARCADIA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THORNTON, CHARLES	
STREET ADDRESS	6634 NW PINE LEVEL STREET	
CITY-ST-ZIP	ARCADIA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOOPINGARNER, LOU	
STREET ADDRESS	143 S OSCEOLA AVE	
CITY-ST-ZIP	ARCADIA FL	
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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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #