

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 13, 2001 08:00 AM
Secretary of State

DOCUMENT # **S79746**

1. Entity Name
TISON CITRUS MANAGMENT CORP.

Principal Place of Business
P O BOX 1798
ARCADIA FL 33821

Mailing Address
P O BOX 1798
ARCADIA FL 33821

2. Principal Place of Business
P O BOX 1798

3. Mailing Address
P O BOX 1798

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ARCADIA FL

City & State
ARCADIA FL

Zip
34265

Country

Zip
34265

Country

4. FEI Number
65-0287214

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TISON, ROBERT L
601 CRAWFORD ST

ARCADIA FL
33821

7. Name and Address of New Registered Agent

Name
TISON ROBERT L

Street Address (P.O. Box Number is Not Acceptable)
601 CRAWFORD ST

City
ARCADIA FL

Zip Code
34266

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 **ROBERT L. TISON**

01/13/2001

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPST
TISON ROBERT L
601 CRAWFORD ST
ARCADIA FL 34266

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: **ROBERT L. TISON**

MGR 01/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)