

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V54514

1. Entity Name

FIRST FRUITS, INCORPORATED

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90090 028 ***150.00

Principal Place of Business

Mailing Address

5320 NW 45TH LANE
GAINESVILLE FL 32606

1497 N.W. 16TH AVENUE
GAINESVILLE FL 32605-4035
US

2. Principal Place of Business

5300 Amy Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

Mims, FL

City & State

Zip

Country

32754

Zip

Country

4. FEI Number

59-3137663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, EVELYN S.
5320 NW 45TH LANE
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name

Evelyn S. Smith

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

5300 Amy Way

City

Mims

FL

Zip Code

32754

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

Evelyn S. Smith

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

June 18, 2000

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 PSV ☐ Delete
NAME SMITH, EVELYN S.
STREET ADDRESS 5320 NW 45TH LANE
CITY-ST-ZIP GAINESVILLE FL

TITLE TD ☒ Delete
NAME SMITH, C.R. J
STREET ADDRESS 5320 N.W. 45TH LANE
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVS ☒ Change ☐ Addition
NAME Evelyn S. Smith
STREET ADDRESS 5300 Amy Way
CITY-ST-ZIP Mims, FL 32754

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

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

TITLE ☐ Change ☐ Addition
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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:

Evelyn S. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

Date

321-385-9388

Daytime Phone #

CR2E034 (9/99)