

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90202 022 \*\*\*150.00

**DOCUMENT # 469899**

1. Entity Name

**PACKING HOUSE BY-PRODUCTS CO.**

Principal Place of Business

Mailing Address

10400 CR 48  
 HOWEY-IN-THE-HILLS FL 34737

10400 CR 48  
 HOWEY-IN-THE-HILLS FL 34737-3000

80040110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-2085479**

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

**LINE, THOMAS**  
**PALM AVE**  
**HOWEY-IN-THE-HILLS FL 32737**

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 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D</b> <b>BEUCHER, NICK JR.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>HWYS 48 &amp; 19</b>		
	<b>HOWEY-IN-THE-HILLS FL</b>		
<input type="checkbox"/> Delete	<b>D</b> <b>BEUCHER, MARGARET</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>HWYS 48 &amp; 19</b>		
	<b>HOWEY-IN-THE-HILLS FL</b>		
<input type="checkbox"/> Delete	<b>PD.</b> <b>BEUCHER, ROBERT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>1104 TANGERINE AVENUE</b>		
	<b>HOWEY-IN-THE-HILLS FL</b>		
<input type="checkbox"/> Delete	<b>ST</b> <b>LINE, THOMAS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>1130 PENINSULA DRIVE</b>		
	<b>TAVARES FL 32778</b>		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 of 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 Beucher*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00  
 Date

352-324-3101  
 Daytime Phone #

CR 05/04 10/000