

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90577 001 \*\*\*150.00  
 04-18-2002 90577 002 \*\*\*\*\*8.75

**DOCUMENT # G35891**

1. Entity Name  
**RIVER COUNTRY CITRUS, INC.**

Principal Place of Business <b>1313 W MIDWAY ROAD                  FT PIERCE FL 34982                  US</b>	Mailing Address <b>1313 W MIDWAY ROAD                  FT PIERCE FL 34982                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2286385</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>MURPHY, TRAVIS E JR. 1313 W MIDWAY ROAD FT PIERCE FL 34982</b>				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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 Te (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>MURPHY, SHARON Y.</b> <b>1313 W MIDWAY ROAD</b> <b>FT PIERCE FL 34982</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>MURPHY, JOHN A.</b> <b>1313 W MIDWAY ROAD</b> <b>FORT PIERCE FL 34982</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MURPHY, TRAVIS E JR</b> <b>1313 W MIDWAY ROAD</b> <b>FT PIERCE FL 34982</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Travis E. Murphy Jr. **TRAVIS E. MURPHY, JR** 4-9-02 772-467-8677  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)