

2001 UNIFORM BUSINESS REPORT (UBR)

0013414 AF

DOCUMENT # A00610
 1. Entity Name
CAULKINS CITRUS COMPANY, LTD.

FILED
 01 MAY -3 PM 12:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
 P.O. BOX 188 P.O. BOX 188
 INDIANTOWN FL 34956 INDIANTOWN FL 34956

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-1046068** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CAULKINS, GEORGE P III
7801 SW CITRUS BLVD.
STUART FL 34995

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. (NOT Registered Agent signature required when reinstating) DATE _____)

9. Capital Contributions as Shown on record. **\$2,560,000.00**
 10. Amount of Capital Contributions in FLORIDA to date.
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	NAME
STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME
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DOCUMENT #	NAME
STREET ADDRESS	CITY - ST - ZIP
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	CITY - ST - ZIP
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *X George P. Caulkins Jr.* **4-27-01** **303-861-4230**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
George P. Caulkins, Jr. General Partner

CR2E003 (11/00)