

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

001167 AF

DOCUMENT # **L98000001560**

1. Entity Name
FLORIDA CITRUS INTERNATIONAL-DEVELOPMENT, L.C.

MAY -9 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1682 STATE ROAD 64 WEST
WAUCHULA FL 33873

Mailing Address
1682 STATE ROAD 64 WEST
WAUCHULA FL 33873-9637



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

65-0859657

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUNKEL, KLAUS
1682 STATE ROAD 64 WEST
WAUCHULA FL 33873

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 *Klaus Kunkel* - **KLAUS KUNKEL - SECRETARY**

4/28/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	KUNKEL, KLAUS	1682 STATE ROAD 64 WEST	WAUCHULA FL 33873	<input type="checkbox"/>
MGRM	F&H CITRUS, INC.	DORFSTR.60, D-97753	KARLSTADT-ROHRBACH, GERMANY	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	G.F. CITRUS, INC.	1682 STATE ROAD 64 WEST	WAUCHULA, FLORIDA 33873	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGRM	D.H. CITRUS INC.	1682 STATE ROAD 64 WEST	WAUCHULA, FLORIDA 33873	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Klaus Kunkel* - **KLAUS KUNKEL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/28/2000
Date

863-735-2928
Daytime Phone #

001167 AF