

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P13407**

1. Entity Name

**CHIQUITA CITRUS PACKERS, INC.**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90108 030 \*\*\*150.00

Principal Place of Business  
**C/O TAX DEPARTMENT**  
**250 E FIFTH ST. 27TH FLOOR**  
**CINCINNATI OH 45202**

Mailing Address  
**C/O TAX DEPARTMENT**  
**250 E FIFTH ST. 27TH FLOOR**  
**CINCINNATI OH 45202-4119**



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 **04-2476807**

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

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LEMKE, JUDITH A	
STREET ADDRESS	250 EAST FIFTH ST.	
CITY-ST-ZIP	CINCINNATI OH 45208	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TSACALIS, WILLIAM A.	
STREET ADDRESS	250 EAST FIFTH ST.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ROBERT W. OLSON	
STREET ADDRESS	250 EAST FIFTH STREET	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KONDRITZER, GERALD R	
STREET ADDRESS	250 EAST FIFTH ST.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	P	<input type="checkbox"/> Delete
NAME	LIGAN, WARREN J.	
STREET ADDRESS	250 EAST FIFTH STREET	
CITY-ST-ZIP	CINCINNATI OH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John M. Tate	
STREET ADDRESS	250 East Fifth St.	
CITY-ST-ZIP	Cincinnati OH 45202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carla A. Byron	
STREET ADDRESS	250 East Fifth Street	
CITY-ST-ZIP	Cincinnati OH 45202	

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:**

Warren J. Ligan  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00  
 Date

(513) 784-8727  
 Daytime Phone #

CR20034 (9/00)

# P13407  
A0024921

**CHIQUITA CITRUS PACKERS, INC.**

**Additional Officers**

<u>Officers</u>	<u>Title</u>	<u>Address</u>
Steven G. Warshaw	Vice President	250 East Fifth Street Cincinnati, Ohio 45202
James J. McLaughlin	Controller	250 East Fifth Street Cincinnati, Ohio 45202
Barbara M. Howland	Assistant Secretary	250 East Fifth Street Cincinnati, Ohio 45202
Donna K. Leonard	Assistant Secretary	250 East Fifth Street Cincinnati, Ohio 45202