

# 2001 UNIFORM BUSINESS REPORT (UBR)

00202653 SP

DOCUMENT # **Z00464**

1. Entity Name  
**GERMAN FLORIDA CITRUS, L.C.**

FILED

01 MAY -2 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1682 HWY 64 WEST  
WAUCHULA FL 33873**

Mailing Address  
**1682 HWY 64 WEST  
WAUCHULA FL 33873**



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 **65-0294502**

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 HIGHWAY 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** **4/26/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOT) 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  Delete  
**M KUNKEL, KLAUS**  
STREET ADDRESS **1682 HWY 64 WEST**  
CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
**M FANTA, GUNTER**  
STREET ADDRESS **DORF STR. 60**  
CITY-ST-ZIP **GERMANY, ROHRBACH**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
**M HOFMANN, DIETER**  
STREET ADDRESS **RECHTENBACHER STR 40**  
CITY-ST-ZIP **GERMANY, LOHR**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

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** **4/26/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)