

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90007 031 \*\*\*\*\*50.00

**DOCUMENT # Z00464**

1. Entity Name

**GERMAN FLORIDA CITRUS, L.C.**

Principal Place of Business

1682 HWY 64 WEST  
 WAUCHULA FL 33873

Mailing Address

1682 HWY 64 WEST  
 WAUCHULA FL 33873

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0294502**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KUNKEL, KLAUS**  
**1682 HIGHWAY 64 WEST**  
**WAUCHULA FL 33873**

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

*Klaus Kunkel* - **KLAUS KUNKEL**

*3/5/02*

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>KUNKEL, KLAUS</b>	
STREET ADDRESS	<b>1682 HWY 64 WEST</b>	
CITY-ST-ZIP	<b>WAUCHULA FL 33873</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>FANTA, GUNTER</b>	
STREET ADDRESS	<b>DORF STR. 60</b>	
CITY-ST-ZIP	<b>GERMANY, ROHRBACH</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>HOFMANN, DIETER</b>	
STREET ADDRESS	<b>RECHTENBACHER STR 40</b>	
CITY-ST-ZIP	<b>GERMANY, LOHR</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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*

*3/5/2002*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)