

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095993

1. Entity Name  
SUN-LITE CITRUS CO.

Principal Place of Business

6721 US 27 SOUTH  
SEBRING FL 33872

Mailing Address

6721 US 27 SOUTH  
SEBRING FL 33872

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip  
33876

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip  
33876

Country

4. FEI Number 65-0819234

Applied For  
Not Applicable

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

LUCAS, ELAINE  
3411 TAMiami TRAIL NORTH, STE. 204  
NAPLES FL 34103

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, 2001 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 P  
NAME IBRAHIM, GEORGE W  
STREET ADDRESS 6721 US 27 SOUTH  
CITY-ST-ZIP SEBRING FL 33872 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 33876  
CITY-ST-ZIP

TITLE VP  
NAME IBRAHIM, JEAN  
STREET ADDRESS 6721 US 27 SOUTH  
CITY-ST-ZIP SEBRING FL 33872 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 33876  
CITY-ST-ZIP

TITLE S  
NAME IBRAHIM, ALASTAIR A.W.  
STREET ADDRESS 6721 US 27 SOUTH  
CITY-ST-ZIP SEBRING FL 33872 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 33876  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Alastair A.W. Ibrahim*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-25-01

Daytime Phone #

863-386-9122



DO NOT WRITE IN THIS SPACE

547296

CR2E034 (10/00)