

2021 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 803879

Entity Name: UNITED STATES SUGAR CORPORATION**Current Principal Place of Business:**111 PONCE DE LEON AVENUE
CLEWISTON, FL 33440**Current Mailing Address:**111 PONCE DE LEON AVENUE
CLEWISTON, FL 33440 US**FEI Number:** 59-0490750**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KURTZ, LUKE
111 PONCE DE LEON AVENUE
CLEWISTON, FL 33440 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PCEO, DIRECTOR
Name BUKER, ROBERT H JR.
Address 111 PONCE DE LEON AVENUE
City-State-Zip: CLEWISTON FL 33440

Title SVP, CFO, TREASURER
Name WOOD, ELAINE M
Address 111 PONCE DE LEON AVENUE
City-State-Zip: CLEWISTON FL 33440

Title VP
Name KURTZ, LUKE
Address 111 PONCE DE LEON AVE
City-State-Zip: CLEWISTON FL 33440

Title VP
Name SMITH, NEIL
Address 111 PONCE DE LEON AVE
City-State-Zip: CLEWISTON FL 33440

Title SVP, SECRETARY
Name WADE, MALCOLM SJR
Address 111 PONCE DE LEON AVENUE
City-State-Zip: CLEWISTON FL 33440

Title AT
Name REIMER, DAVID
Address 111 PONCE DE LEON AVENUE
City-State-Zip: CLEWISTON FL 33440

Title VP
Name MCDUFFIE, KEN
Address 111 PONCE DE LEON AVE
City-State-Zip: CLEWISTON FL 33440

Title DIRECTOR
Name KIRKPATRICK, FREDERICK S
Address 111 PONCE DE LEON AVENUE
City-State-Zip: CLEWISTON FL 33440

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID REIMER**ASST TR****03/26/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BUTLER, JOHN K
Address 111 PONCE DE LEON AVENUE
City-State-Zip: CLEWISTON FL 33440

Title DIRECTOR
Name PETERSON, ROY E
Address 111 PONCE DE LEON AVENUE
City-State-Zip: CLEWISTON FL 33440

Title DIRECTOR
Name PIPER, WILLIAM H
Address 111 PONCE DE LEON AVENUE
City-State-Zip: CLEWISTON FL 33440

Title DIRECTOR
Name WHITE, RIDGWAY H
Address 111 PONCE DE LEON AVENUE
City-State-Zip: CLEWISTON FL 33440

Title DIRECTOR
Name ARDISANA, LIZABETH
Address 111 PONCE DE LEON AVENUE
City-State-Zip: CLEWISTON FL 33440

Title DIRECTOR
Name PETERSON, ERIC S
Address 111 PONCE DE LEON AVENUE
City-State-Zip: CLEWISTON FL 33440

Title DIRECTOR
Name PIPER, W. ARCHIBALD
Address 111 PONCE DE LEON AVENUE
City-State-Zip: CLEWISTON FL 33440

Title DIRECTOR
Name REUSS, LLOYD E
Address 111 PONCE DE LEON AVENUE
City-State-Zip: CLEWISTON FL 33440

Title DIRECTOR
Name WILKINS, HORACE JR.
Address 111 PONCE DE LEON AVENUE
City-State-Zip: CLEWISTON FL 33440

Title ASST. TREASURER
Name HOGAN, CARL
Address 111 PONCE DE LEON AVENUE
City-State-Zip: CLEWISTON FL 33440