

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90139 014 ***150.00

DOCUMENT # 816639
1. Entity Name
INTERNATIONAL CITRUS CORPORATION

Principal Place of Business
~~2015 9TH ST SW~~
~~VERO BEACH FL 32962~~
 US

Mailing Address
 P. O. BOX 430
 VERO BEACH FL 32961-0430
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
730 Painted Bunting Lane
 Suite, Apt. #, etc.

3. Mailing Address
Vero Beach
 City & State
FL

4. FEI Number **11-1705148**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SOLARI, ROBERT M.
~~2015 9TH ST SW~~ **730 Painted Bunting Lane**
VERO BEACH FL 32962 32963

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 _____
 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, 2002 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	STD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	SHACK, DONALD		NAME		
STREET ADDRESS	530 FIFTH AVENUE, 16TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	GARRISON, GAIL		NAME		
STREET ADDRESS	525 NE 8TH AVE		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SOLARI, ROBERT M.		NAME		
STREET ADDRESS	2015 9TH ST SW		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	STRATTON, CARL W		NAME		
STREET ADDRESS	500 CHURCH ST. SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	SOLARI, JOSEPH G. J		NAME		
STREET ADDRESS	277 ROUND HILL ROAD		STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **4-28-02 561-231-0412**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)