

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 817449

1. Entity Name

CHIQUITA BRANDS COMPANY, NORTH AMERICA

Principal Place of Business

Mailing Address

C/O TAX DEPARTMENT
250 E FIFTH ST. 27TH FLOOR
CINCINNATI OH 45202

C/O TAX DEPARTMENT
250 E FIFTH ST. 27TH FLOOR
CINCINNATI OH 45202-4119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-1348580

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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	VSD	<input type="checkbox"/> Delete
NAME	ROBERT W. OLSON	
STREET ADDRESS	250 E. FIFTH ST.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LEMKE, JUDITH P	
STREET ADDRESS	250 EAST FIFTH ST	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TSACALIS, WILLIAM A.	
STREET ADDRESS	250 E. FIFTH ST.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KONDRITZER, GERALD R.	
STREET ADDRESS	250 E. FIFTH ST.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KISTINGER, ROBERT F	
STREET ADDRESS	250 E FIFTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	V	<input type="checkbox"/> Delete
NAME	WARREN J. LIGAN	
STREET ADDRESS	250 E FIFTH STREET	
CITY-ST-ZIP	CINCINNATI OH	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benjamin Paz	
STREET ADDRESS	250 East Fifth St.	
CITY-ST-ZIP	Cincinnati, OH 45202	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Warren J. Ligan

02/14/00

Date

(513) 784-8727

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)