

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90082 001 *****8.75
 05-04-2000 90082 002 ***150.00

DOCUMENT # 844284

1. Entity Name

DOLE CITRUS INCORPORATED

Principal Place of Business

Mailing Address

10000 MING AVE.
 BAKERSFIELD CA 93311
 US

P O BOX 5132
 WESTLAKE VILLAGE CA 91359-5132
 US

2. Principal Place of Business

639 S. Sanborn Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Salinas, California

City & State

Zip

93901

Country

Zip

Country

4. FEI Number

95-3408577

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

11439



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, 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

TITLE Delete
 NAME **PD COSTLEY, GREGORY L**
 STREET ADDRESS **10000 MING AVE**
 CITY-ST-ZIP **BAKERSFIELD CA 93311**

TITLE Delete
 NAME **V BATES, J. ALBERT**
 STREET ADDRESS **10000 MING AVE.**
 CITY-ST-ZIP **BAKERSFIELD CA 93311**

TITLE Delete
 NAME **V FIORI, KEVIN**
 STREET ADDRESS **10000 MING AVE.**
 CITY-ST-ZIP **BAKERSFIELD CA 93311**

TITLE Delete
 NAME **T POTILLO, BETH**
 STREET ADDRESS **31365 OAK CREST DR**
 CITY-ST-ZIP **WESTLAKE VILLAGE CA 91361-4634**

TITLE Delete
 NAME **SD TIBBITTS, J BRETT**
 STREET ADDRESS **31365 OAK CREST DRIVE**
 CITY-ST-ZIP **WESTLAKE VILLAGE CA 91361-4634**

TITLE Delete
 NAME **ATVD PERRIGO, DAVID W**
 STREET ADDRESS **31365 OAK CREST DR**
 CITY-ST-ZIP **WESTLAKE VILLAGE CA 91361-4634**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME **P, D Peter M. Nolan**
 STREET ADDRESS **One Dole Drive**
 CITY-ST-ZIP **Westlake Village, CA 91362-7300**

TITLE Change Addition
 NAME **V**
 STREET ADDRESS **9289 Clemens Road**
 CITY-ST-ZIP **Terrabella, CA 93270**

TITLE Change Addition
 NAME **V**
 STREET ADDRESS **6001 Snow Rd.**
 CITY-ST-ZIP **Bakersfield, CA 93308**

TITLE Change Addition
 NAME **T**
 STREET ADDRESS **One Dole Drive**
 CITY-ST-ZIP **Westlake Village, CA 91362-7300**

TITLE Change Addition
 NAME **S Theresa L. Hoover**
 STREET ADDRESS **One Dole Drive**
 CITY-ST-ZIP **Westlake Village, CA 91362-7300**

TITLE Change Addition
 NAME **V**
 STREET ADDRESS **One Dole Drive**
 CITY-ST-ZIP **Westlake Village, CA 91362-7300**

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: **Janice M. Nicols, Asst. Secretary**

Janice M. Nicols 4/24/00

818/879-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)