

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 844284

1. Entity Name

DOLE CITRUS INCORPORATED

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

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

11439



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10000 MING AVE. BAKERSFIELD CA 93311 US	Mailing Address P O BOX 5132 WESTLAKE VILLAGE CA 91359-5132 US
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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

4. FEI Number 95-3408577	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COSTLEY, GREGORY L 10000 MING AVE BAKERSFIELD CA 93311 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BATES, J. ALBERT 10000 MING AVE. BAKERSFIELD CA 93311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIORI, KEVIN 10000 MING AVE. BAKERSFIELD CA 93311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POTILLO, BETH 31365 OAK CREST DR WESTLAKE VILLAGE CA 91361-4634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TIBBITTS, J BRETT 31365 OAK CREST DRIVE WESTLAKE VILLAGE CA 91361-4634 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATVD PERRIGO, DAVID W 31365 OAK CREST DR WESTLAKE VILLAGE CA 91361-4634 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Peter M. Nolan One Dole Drive Westlake Village, CA 91362-7300 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9289 Clemens Road Terrabella, CA 93270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6001 Snow Rd. Bakersfield, CA 93308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Dole Drive Westlake Village, CA 91362-7300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Theresa L. Hoover One Dole Drive Westlake Village, CA 91362-7300 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Dole Drive 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)