

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010617 AF

DOCUMENT # A18048

1. Entity Name  
CITRUS PARTNERS, LTD.

Principal Place of Business

2060 80 FOOT RD  
BARTOW FL 33830

Mailing Address

2060 80 FOOT RD  
BARTOW FL 33830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 JUN -4 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-3308455

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

HALL, W. GARVE  
2060 80 FOOT ROAD  
BARTOW FL 33830

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. Capital Contributions  
as Shown on record.

\$2,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DICKES, BYRAM E.  
700 ARDSLEY  
WINNETKA IL

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HALL, W. GARVE  
505 LAUREL LANE  
LAKELAND FL

STREET ADDRESS  
CITY-ST-ZIP

900004421509--4  
-06/15/01--01010--022  
\*\*\*\*\*88.75 \*\*\*\*\*88.75

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MCLAGAN, C. BRUCE  
425 E. 7TH ST.  
HINSDALE IL

STREET ADDRESS  
CITY-ST-ZIP

900004421509--4  
-06/15/01--01010--023  
\*\*\*\*\*437.50 \*\*\*\*\*437.50

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SHACKELFORD, DONALD B.  
6020 HAVENS RD.  
GAHANNA OH

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SMITH, F. SAMUEL  
103 STEPHEN MATHER RD.  
DARIEN CT

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
URBAN, THOMAS  
5320 GRAND AVE.  
DES MOINES IA

STREET ADDRESS  
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

W. GARVE HALL

4/28/01 8635371750

Date

Daytime Phone #

CR2E003 (11/00)