

2002 UNIFORM BUSINESS REPORT (UBR)

001405 AT

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

DUE BY MAY 1, 2002

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. GARVIE
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.

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 #	DICKES, BYRAM E.
NAME	700 ARDSLEY
STREET ADDRESS	WINNETKA IL
CITY-ST-ZIP	
DOCUMENT #	HALL, W. GARVIE
NAME	505 LAUREL LANE
STREET ADDRESS	LAKELAND FL
CITY-ST-ZIP	
DOCUMENT #	MCLAGAN, C. BRUCE
NAME	425 E. 7TH ST.
STREET ADDRESS	HINSDALE IL
CITY-ST-ZIP	
DOCUMENT #	SHACKELFORD, DONALD B.
NAME	6020 HAVENS RD.
STREET ADDRESS	GAHANNA OH
CITY-ST-ZIP	
DOCUMENT #	SMITH, F. SAMUEL
NAME	103 STEPHEN MATHER RD.
STREET ADDRESS	DARIEN CT
CITY-ST-ZIP	
DOCUMENT #	URBAN, THOMAS
NAME	5320 GRAND AVE.
STREET ADDRESS	DES MOINES IA
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200005502422--6
CITY-ST-ZIP	-05/10/02--01036--018
	****526.25 ****526.25
STREET ADDRESS	
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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)(l), 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

Date

Daytime Phone #

CR2E003 (9/01)

FILED

2002 APR 29 AM 10:26

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



W. GARVIE HALL 4/24/02 537-1750