2000 UNIFORM BUSINESS REPORT (UBR)

(1)

DOCUMENT # A23337

1. Entity Name

SOUTHERN FRUIT GROVES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -6 AM 9:25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
260 W. PINELOCH ST ORLANDO FL 32806-6133	P.O. BOX 568367 ORLANDO FL 32856-8367

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 59-2744674 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MEYER, KYLE S~~
260 W. PINELOCH ST.
ORLANDO FL 32806-6133

7. Name and Address of New Registered Agent

Name James P. Caruso

Street Address (P.O. Box Number is Not Acceptable)

260 W. Pineloch St.

City Orlando FL Zip Code 32806-6133

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 James P. Caruso 2/15/00
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. $252,450.00

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 #	J27489	STREET ADDRESS	
NAME	PINELOCH MANAGEMENT CORP		
STREET ADDRESS	260 W. PINELOCH ST.	CITY-ST-ZIP	
CITY-ST-ZIP	ORLANDO FL 32806		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	000003324040--9 -07/17/00--01013--017 ****535.00 ****535.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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: James P. Caruso REQUIRED 2/18/00 (407) 859-3550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #