

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR -8 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A23337**

1. Entity Name

SOUTHERN FRUIT GROVES, LTD.

Principal Place of Business

**260 W. PINELOCH ST
ORLANDO FL 32806-6133**

Mailing Address

**P.O. BOX 568367
ORLANDO FL 32856-8367**

2. Principal Place of Business

102 W PINELOCH ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 10

ORLANDO FL

City & State

Zip
32806

Country

Zip

Country

DUE BY MAY 1, 2002

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

**CARUSO, JAMES P
260 W. PINELOCH ST.
ORLANDO FL 32806-6133**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
102 W PINELOCH ST SUITE 10

City **ORLANDO**

FL

Zip Code
32806

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.

\$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

DOCUMENT # **J27489**
NAME **PINELOCH MANAGEMENT CORP**
STREET ADDRESS **260 W. PINELOCH ST.**
CITY-ST-ZIP **ORLANDO FL 32806**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **102 W PINELOCH ST SUITE 10**
CITY-ST-ZIP **ORLANDO FL 32806**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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)(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

Date

Daytime Phone #

CR2E003 (9/01)