

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26792**

1. Entity Name

INTERSTATE CITRUS PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business

251A ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33480-4319

Mailing Address

251A ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33480-4355



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1400 Centrepark Blvd
Suite, Apt. #, etc.
Lot L FL

3. Mailing Address

1400 Centrepark Blvd
Suite, Apt. #, etc.
Lot L FL

City & State

W. Palm Bch FL

City & State

W. Palm Bch FL

Zip

Country

33401 USA

Zip

Country

33401 USA

4. FEI Number

65-0114350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RHODES, PAUL

251A ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Paul Rhodes

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

1400 Centrepark Blvd

Lot L FL

City

W. Palm Bch

FL

Zip Code

33401

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

4-27-00

9. Capital Contributions
as Shown on record.

\$1,268,795.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,268,795.00

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
RHODES, PAUL
251A ROYAL PALM WAY, SUITE 300
PALM BEACH FL 33480

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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 REQUIRED~~

Paul Rhodes 4-27-00 561-659-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

(661) 313-1193