

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32133**

1. Entity Name

**SUN GROWN CITRUS, LP.**

**FILED**

**01 OCT 11 8 12:11:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business

**701 HARGER ROAD, SUITE 190  
OAK BROOK IL 60521**

Mailing Address

**701 HARGER ROAD, SUITE 190  
OAK BROOK IL 60521**

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

**36-3769532**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DUE BY SEPTEMBER 26, 2001**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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

**\$4,294,355.00**

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 # **P35979**  
NAME **SUN GROWN CITRUS, INC.**  
STREET ADDRESS **701 HARGER ROAD, #190**  
CITY-ST-ZIP **OAK BROOK IL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

**Sun Grown Citrus, Inc.**

**Stephen M. Schuster**

**Vice President 8/10/01 630-575-2342**

SIGNATURE: By: **Stephen M. Schuster**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/01)