

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001006

1. Entity Name

DUDA BURG SUNRISE, LTD.

FILED

00 JAN 19 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1975 WEST STATE ROAD 426
OVIEDO FL 32765

Mailing Address

P.O. BOX 620257
OVIEDO FL 32762-0257

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 59-3206146

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPOUANO, ALBERT D
800 NORTH MAGNOLIA AVENUE, SUITE 1500
ORLANDO FL 32803

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 as Shown on record. \$3,007,158.00

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 # P93000062126
NAME DBS CITRUS PACKING, INC.
STREET ADDRESS 1975 WEST STATE ROAD 426
CITY - ST - ZIP OVIEDO FL 32765

STREET ADDRESS

CITY - ST - ZIP

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100003105761--4
-01/21/00-01018--013
****535.00 ****535.00

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
Donald L Graf
Vice President of DBS Citrus Packing, Inc., General Partner

1/13/00

407-365-2111

Daytime Phone #