

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A95000001432**

1. Entity Name  
**CB TANK FARM, 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

4. FEI Number **59-3341975** Applied For  Not Applied

Zip Country Zip Country

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

**LIVINGSTON, CALVIN J  
1975 WEST STATE ROAD 426  
OVIEDO FL 32765**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$375,000.00**

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 # **583341**  
NAME **SOUTHLAND PRODUCE SALES OF FLORIDA, INC.**  
STREET ADDRESS **1975 WEST STATE ROAD 426**  
CITY - ST - ZIP **OVIEDO FL 32765**

STREET ADDRESS  
CITY - ST - ZIP

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**300003105763--8**  
**01/21/00 01010 014**  
**\*\*\*\*535.00 \*\*\*\*535.00**

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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** *Donald L Graf* **Donald L Graf** **1/18/00** **407-365-2111**  
Vice President of Southland Produce Sales of Florida, Inc., General Partner