

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A95000001432

1. Entity Name
CB TANK FARM, LTD.

FILED

01 APR 23 AM 10:51

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3341975**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Tracy Duda Chapman**

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 **Tracy Duda Chapman** DATE **4/18/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. Amount of Capital Contributions in FLORIDA to date. **375,000.00**

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000004137490--1
CITY-ST-ZIP	-05/04/01--01109--019
	****535.00 ****535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 **04/18/01** DAYTIME PHONE # **407-365-2111**

CR2E003 (11/00)