

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002022

1. Entity Name

VALENCIA GROVES, LTD.

Principal Place of Business

3665 BEE RIDGE ROAD, SUITE 310
SARASOTA FL 32433

Mailing Address

3665 BEE RIDGE ROAD, SUITE 310
SARASOTA FL 34233-1056

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 11:55



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0720383

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA CITRUS LANDS, INC.
3665 BEE RIDGE ROAD, SUITE 310
SARASOTA FL 32433

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
as Shown on record.

\$49,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$49,500.00

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 # P96000089030
NAME FLORIDA CITRUS LANDS, INC.
STREET ADDRESS 3665 BEE RIDGE ROAD, SUITE 310
CITY - ST - ZIP SARASOTA FL 32433

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

nf 32400

STREET ADDRESS

CITY - ST - ZIP

200003184052--1

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ADINA C. McSweeney

Date

3/8/00

Daytime Phone #

941-923-4551