

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # B92000000064**

1. Entity Name

**SFE CITRUS PROCESSORS, L.P., LTD.**

Principal Place of Business  
**625 BRIDGERS AVE. W.  
 AUBURNDALE FL 33823**

Mailing Address  
**625 BRIDGERS AVE. W.  
 AUBURNDALE FL 33823**

**FILED**

**01 JAN 26 AM 11:31**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*mf*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3155356**

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

7. Name and Address of New Registered Agent

**DOLINER, NATHANIEL L ESQ.  
 C/O CARLTON FIELDS  
 777 SOUTH HARBOUR ISLAND BLVD.  
 TAMPA FL 33602**

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.

**\$4,000,000.00**

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
M99000001259	SFE CITRUS GP, LLC	400 NORTH TAMPA STREET	TAMPAS FL 33602

STREET ADDRESS	CITY-ST-ZIP
600003624066--5	-02702701-01033-001 ***526.25 ***526.25

CR2E003 (11/00)

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

By: **SFE Citrus GP, LLC,**

its general partner

SIGNATURE: By: **SIGNATURES REQUIRED** KS Johnson, VP/Treasurer

**877-598-3727**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #